



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County	Rankin	Date	05.29.2019
Facility Name	Little Adventures Learning Center	License Number	01CDPF-7360
Purpose	Follow-up visit/TA	Capacity	60

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

1. Rule 1.8.1 (2) Monetary Penalty \$
2. \$
3. \$
4. \$
5. \$

	Age/Child/Staff Name
1.	2 year. 4. Caregiver 1
2.	Infants. 5. Caregiver 1 2
3.	2 year. 8. Caregiver 3
4.	3 year. 9. Caregiver 4
5.	
6.	
7.	

Center Director/Individual

Charlotte Bryant

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available, and functioning

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected

Large appliances located properly

Sinks and toilets working properly

Hot water at all sinks, not to exceed 120°

Children barred from kitchen

Vending machine snacks meet nutritional guidelines, if present

Exits, doors and fastening devices single action approved and in good working order

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number _____)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative

J. Davis

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

5

Date

05.29.2019

Name	Little Adventures Learning Center	License No.	WCPDF-7300
Address	2785 Flowood Drive Flowood, MS 39232	Center/Organization/Individual	
Purpose	Follow-Up Visit	Director	Clementine Bryant
Mileage Start		Mileage End	
County	Rankin	Telephone No.	601.502.3033
Time In	8:41 am	Time Out	12:20 pm
		Total Time	

Findings/Comments Upon arrival, the licensing official met with designee R. Wright.

Mrs. Bryant arrived @ 9:06 am.

The purpose of this visit was announced.

The following was observed:

Subchapter 8

Deficiency: Rule 1.8. (2) - states in part, children shall not be left unattended at any time.

Findings: Upon arrival, the licensing official was let in by a staff. This staff left her classroom & unattended leaving 9 children left alone. Licensing official explained to staff that for future reference please take all children with them any time they have to leave the room. Two classrooms cannot be watched by one staff standing in hallway, or in another room.

POC/TA: Mrs. Bryant stated, she spoke with designee beforehand about this violation but the staff was not aware of this deficiency. Mrs. Bryant and staff will be responsible to prevent recurrence. The date of expected completion for compliance, is 05.29.2019.

*Note: The staff left the children unattended to come and answer the door to let licensing officials in the facility. The teacher was present in the 3 year old classroom

Clementine Bryant
Center Director/Designee/Individual

Jemera Davis
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**Date 05.29.2019

Facility Name _____ License No. _____

Per Mrs. Bryant the CPR 1st aid class has been scheduled for
06.12.2019.

a follow up will be conducted. The licensing official will
contact Mrs. Bryant to set up date.

customer survey card provided to, Mrs. Bryant.

Class I II violations may result in a
monetary penalty. Repeated violations
may result in the doubling of a
monetary penalty, suspension or
revocation of license.

Clementine Bryant
Center Director/Designee/Individual

Amelia Lewis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator