



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Pike Date 7.2.19
 Facility Name _____ License Number _____
 Purpose Final Capacity 30

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	<u>No children present</u>
2.	<u>@ Facility.</u>
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected
 Children's belongings separated/stored ☒ ☐ ☐ ☐
 Evacuation plans posted ☒ ☐ ☐ ☐
 Menus posted and served ☒ ☐ ☐ ☐
 Plan of activities ☒ ☐ ☐ ☐

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Chareather Brister

Child Care Representative

Leticia Sandy

Kids Kreation Learning Center
Director: Chareather Brister
212 McComb Street
McComb MS 39648
601-341-5108

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 7

Date 4.12.19

Name _____ License No. _____
Address 411 Lincoln Ave
Center/Organization/Individual _____
Purpose Initial / TA Director _____
Mileage Start _____ Mileage End _____
County Pike Telephone No. _____
Time In 10:15 Time Out 12:30 Total Time _____

Findings/Comments Arrived @ facility and met with director
stated reason for visit:

The following items will be needed:

- ✓ Clean / Sanitize all walls, floor ceiling.
- Approved Heating Unit prior to Sept 1, 2019.
- Emergency evacuation plan posted.
- Thermometer in all refrigeration
- Purchase a large Rubbermaid Plastic container for
sanitize use in kitchen.
- Bring thermometers down to child level.
- Change out changing pad in Room 3.
- Playground - cover bottom of fence observed gap
larger than 3 1/2 inches.
- Use / purchase single use dishes.

Once completed give L.O call to come conduct
final inspection.

Yellow complaint card, Food Code Book, and Hand
Washing cards was given to owner/director.

Chareather Brister
Center Director/Designee/Individual

Leatha Sadye
Child Care Representative
Chisella Clay

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 7 Kids Kreation Learning Center Date 7.2.19
 Director: Chareather Brister
 Name 212 McComb Street License No. 411 Lincoln Ave
 Address McComb MS 39648 ization/Individual
 601-341-5108
 Purpose Final Director C. Brister
 Mileage Start _____ Mileage End _____
 County Pike Telephone No. 601.600.2744
 Time In 9:05 Time Out 10:35 Total Time _____

Findings/Comments Arrived at facility and met with director, Stated reason for visit.

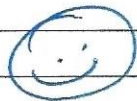
All items listed on encounter to be corrected on 6.12.19. have been corrected/completed.

- Approved heating Unit is needed by Sept 1, 2019.

- LO observed (1) staff with LOS. Director stated they have sent off for (1) employee. Call was made to check on prints and computers are down. Once LOS is received please send copy to LO.

Temp License will be issued once license fee is received.

Welcome to Childcare!



Chareather Brister
 Center Director/Designee/Individual

Lorinda Linder
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator