



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County NewtonDate 12-6-19Facility Name Little LearnersLicense Number 4074Purpose RenewalCapacity 27**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 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.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>1</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Johnny HoodChild Care Representative Miss. Brown



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Little Learners License No. 4074 Date 12-6-19

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (<i>includes date of birth</i>) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (<i>includes date of birth & date of hire</i>) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (<i>proof of immunization as required, signed by veterinarian</i>) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations _____

☐ Pass –
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☒ Designee

Mick Bran
 Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 12-6-19

Name	<u>Little Learners Preschool</u>	License No.	<u>4074</u>
Address	<u>208 Fifth Street Union MS 39365</u>		
Purpose	<u>Renewal</u>	Director	<u>Tammy Hood</u>
Mileage Start		Mileage End	
County	<u>Newton</u>	Telephone No.	<u>601-774-2779</u>
Time In		Time Out	
		Total Time	

Findings/Comments Subchapter 11: Buildings & Grounds

Deficiency: Rule 11.1 (8) The ceiling floors & floor coverings shall be properly installed, kept clean & in good condition & maintained in good repair.

Findings: During the facility review the floors in the bathroom are in poor repair.

Technical Assistance was provided on maintenance & repairs on floors & floor covering. A review of these regulations was conducted.

P.O.C The director/owner will be responsible for ensuring that the bathroom floors are repaired. The director/owner will also be responsible for a review of the MS DH regulation to prevent recurrence of this violation. A completion date of compliance 12-30-19.

Subchapter 13: Nutrition and meals rule 1-13: 2 Nutritional Standards: Meals shall meet the nutritional standards as prescribed in Appendix "C" minimum standards for nutritional care in child care facilities.

Finding: During the facility review, the licensing official observed milk not be served with lunch.

Technical Assistance was provided on each child should be served milked with meals. A doctor excuse is required if a child can not have milk for medical reasons.

Tammy Hood
Center Director/Designee/Individual

Mike Brown
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 12-6-19Facility Name Little Learners Preschool License No. 4074

P.O.C. The director / owner will be responsible for ensuring that
 meals served with all meals. A review of Appendix C will be
 conducted with all staff to ensure recurrence of this violation.
 The director / owner will be responsible for attending the nutrition
 training conducted by the MDH regulations. A completion date for compliance
 is Dec. 30, 2019.

Please submit contact hours

Assessment was given to the director.

A follow-up will be conducted in 14 days

Class 1 & 2 violations may result in a Monetary
 penalty. Repeated violations may result in
 doubling of a monetary penalty. Suspension, or
 revocation of the license.

Johnny Hood
 Center Director/Designee/Individual

Min Buan
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 4074	Facility Name, Address Little Leagues	Date 12-6-09
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No violations observed
during this inspection

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

Please Remit within 10 days to:

Tammy Head
Certified Manager

Tammy Safe
Licence Number

Expires 2017

Facility Signature

Environmental Signature

White Copy - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist

Child Care Licensure Playground Checklist

Center Name Little Learns Inspection Date 12-16-19

YES NO N/A

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|----|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair with no gaps? (Rule 1119 (8) pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 8) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1119 (5) pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 32 pg 13) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 536 4-5 pgs 34-35) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13 | Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1102, pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | Is playground area clean & free of hazards? If not, state deficiency _____ (Rule 1111 (1), pg 49) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | Is adequate shade present on the playground? (CPSC 211 pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | Is wood smooth? Documentation provided that wood has been properly treated (CPSC 255) |

Director Danny Hood Licensing Official Mr. Buan