



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County <u>Lamar</u>	Creative Kids – Oak Grove 330 Hegwood Rd. Hattiesburg, MS 39402 601-268-9293 Lic # <b>18CFPF-2375</b> Director: Lindsay Chambliss	Date <u>2.13.20</u>
Facility Name _____	Inspection Number <u>217</u>	
Purpose <u>Mid year</u>		

**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.	<u>See 2nd Encounter</u>
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 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Lindsay Chambliss

Child Care Representative

Shaneisha Danna  
Sydney Avert

White Copy - Facility File      Yellow Copy - Facility Operator  
Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 8Date 2.13.20

Name _____	Creative Kids – Oak Grove	
Address _____	330 Hegwood Rd. Hattiesburg, MS 39402	
	601-268-9293 Lic # <b>18CFPF- 2375</b>	
	Director: Lindsay Chambliss	
Purpose <u>Mid Year</u>		
Mileage Start _____	Mileage End _____	
County <u>Lamar</u>	Telephone No. _____	
Time In <u>12:50</u>	Time Out <u>2:30</u>	Total Time _____

Findings/Comments Mid year inspection conducted.

TIA was provided on Appendix C page 8. Observed cereal added to infant formula. Director agree to inform parents today 2.13.20 and provide them with a copy of the appendix c. This was corrected today.

Survey card given to director.

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

Lindsay Chambliss  
Center Director/Designee/Individual

Sharon Bennis  
Child Care Representative  
Symone Averett

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Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Creative Kids – Oak Grove  
330 Hegwood Rd. Hattiesburg, MS 39402  
601-268-9293 Lic # **18CFPF- 2375**  
Director: Lindsay Chambliss

Date 2.13.20

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

Rooms	Age	# Child	Staff
B1	Infant	6	
A8	2yr	9	
A7	2yr	11	
A4	2yr	9	
A3	3yr	14	
A2	3yr	13	
A1	3yr	11	
A5	1yr	11	
A6	1yr	9	
B2	Infant	10	
C6	1yr	7	
C5	1yr	11	
C1	4yr	<del>11</del> 15	

*Lindsay Chambliss*  
Center Director/Designee/Individual

*Shanice Bennis*  
Child Care Representative  
*Symonee Hunt*

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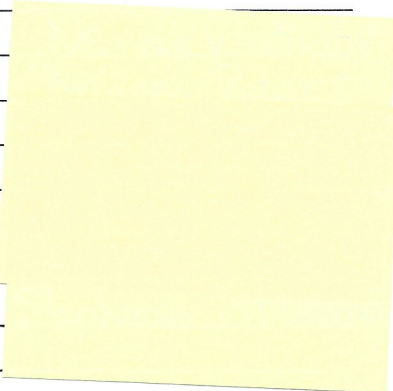
MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Creative Kids – Oak Grove  
330 Hegwood Rd. Hattiesburg, MS 39402  
601-268-9293 Lic # **18CFPF- 2375**  
Director: Lindsay Chambliss

Date 2.13.20

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

Room S	Age	Child	Staff
C2	4yr	14	
<del>E</del> C3	4yr	15	
C7	2yr	11	

*Lindsay Chambliss*  
Center Director/Designee/Individual

*Shanetta Benson*  
Child Care Representative

*Dynoria Assett*

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name	Date
	Creative Kids – Oak Grove 330 Hegwood Rd., Hattiesburg, MS 39402 601-268-9293 Lic. # 2375 Director: Lindsay Chambliss	2.13.20

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No Critical violations	NA Facility issued an "A"
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input checked="" type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00	Lindsay Chambliss Certified Manager	Tommy Sate Licence Number exp. July 25, 2022
Permit Date	Environmental Code	Facility Signature Environmentalist Signature	
Please Remit within 10 days to:		White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	

Creative Kids - Oak Grove

Inspection Date 2.13.20

Center Name

330 Hegwood Rd., Hattiesburg, MS 39402

601-268-9293 Lic. # 2375

Director: Lindsay Chambliss

YES NO NA

☒ ☐ ☐1. Playground equipment from surface. (Rule 1.11.9 (3), pg 43) In good repair.  
with no gaps? (Rule 1.11.9 (3), pg 43)☒ ☐ ☐

2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 43)

☒ ☐ ☐

3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)

☒ ☐ ☐

4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)

☒ ☐ ☐5. No standing water present on playground or in/on playground equipment or walkways  
(CPSC 2.4.2.2-5, pg 10)☒ ☐ ☐

6. Toys &amp; equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)

☒ ☐ ☐

7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)

☒ ☐ ☐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 1.11.9 (5), pg 47)☒ ☐ ☐9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPS  
3.4, 3.5, pg 15)☒ ☐ ☐

10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)

☒ ☐ ☐11. If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 3.2, pg 1)☒ ☐ ☐12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 3.6.4-5 pgs 3)☒ ☐ ☐

13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)

☒ ☐ ☐14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2, pg 1)☒ ☐ ☐15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 1)☒ ☐ ☐

16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)

☒ ☐ ☐

17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)

☒ ☐ ☐18. Is wood smooth? Documentation provided that wood has been properly treated. (CI  
2.5.5)

Director

Lindsay Chambliss

Licensing Official

Sharon Bern  
Symonia Averett