



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date Dec. 13, 19

Name <u>Blossman Ymca Preschool</u>	License No. <u>2677</u>
Address <u>1964 Government St. Ocean Springs 39564</u>	
Center/Organization/Individual	
Purpose <u>mid year</u>	Director <u>Jasha Martin</u>
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228-875-0157</u>
Time In <u>10:00</u>	Time Out _____
Total Time _____	

Findings/Comments

Building-

J.A. was provided on Rule 1.11.1(8) Rule States
in route floor shall be "maintained in good repair"
The tiles at the front door is loose.

Playground- No Violation ObservedKitchen "A"Staff's 121's & 205's in complianceChildren 121's in compliance

Jasha Martin
 Center Director/Designee/Individual

Anne J. Walton
 Child Care Representative

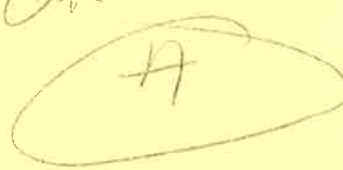
White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID <i>2677</i>	Facility Name, Address <i>Blossom Ymca Preschool</i>	Date <i>12-13-19</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

	<i>No Violations Observed</i> 
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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 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
Permit Date <i>3/31/20</i>	Environmental Code <i>AW7</i>
Please Remit within 10 days to:	

Jasha Martin
 Certified Manager

Mary Safe
 Licence Number
Exp 12/31/21

Facility Signature <i>Jasha Martin</i>
Environmental Signature <i>Uma Walker</i>

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