

## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Facility Inspection**

County Jackson				Date Occ. 13,19						
Facility Name Blossman ymca Preschool License Number 2677										
Purpose Mid · year				pacity_60						
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out	cos	N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In DIDIDID	Out	COS	<b>N/A</b>		
Room and playground capacity met Center capacity met License/complaint visible Certified food manager				Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair						
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning				Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,	AGARA					
Waste water system approved and functioning Food service approved  Possible Monetary Penalty	S C C C C C C C C C C C C C C C C C C C			and functioning  Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly	ADD A					
1	Moneta \$	ry Penal	lty	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet	NA					
3	_ \$ _ \$			nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good						
4 5	\$\$ \$			working order  Exits unobstructed  Required smoke detectors, carbon						
Age/Child/Stat		h 13	5 3 yr	monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	Z,					
2. Some R. Della 3. De Re Canal		17	1 45gm	First aid kits stocked and easily accessib Playground area clean, shaded, well	le 🗾					
4. One P Omy Co		6	Inn	drained and equipped and fence in good repair	A					
5.				Playground equipment meets standards	Ø					
7.				Pool area clean, fenced, and adequately maintained				d		
Center Director/Individual	ashai	M	arti	Diaper changing stations adequate in number and each fully supplied (number)  Child Care Representative	22	-	Du			

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



District 4	Date Oc. 13,19
Jame Blossman yman Preshool License No.	2677
edress 1964 Stoverment It Ocean & prin	
Center of gameanous manifestation	<b>100</b>
prose mid year Director Lisha	Martin
lileage Start Mileage End	
Telephone No. 228	875-0157
	al Time
ndings/Comments	
Buldy-	
X A	0 2 : 2 :
J.A. was provided on Rule 1.11.108	) Rule States
In Route floor shall be maintained. The teler at the front cloor is love.	in good repair
The tiles at the front front in love.	
910-14-14-14-14-14-14-14-14-14-14-14-14-14-	
lagground - no Violation Observed	- 01 [081.5]
to a warm to be a second	
Kitchen "A"	at Promiser
Staffis 121's & Ros's in compleance	
Philami 121's in good Compliance	
	Was Marin
	110
Jasha Marti Gonne She alter	White Copy - Facility File Yellow Copy - Operator
enter Director/Designee/Individual Child Care Representative	Yellow Copy - Operator

## **Food Service Facility Inspection Results**

PIMS ID	Facility Name, Address		Date			
2677	Blossman UMCA	Proshoot	12-13-19			
	VIOLATIONS	CORRECTION PLAN AND SCHEDULE				
		Wellson Ofsers				
□ 92020 Scheduled □ 92030 Followup □ 92040 Complaint □ 92050 Consultation □ 92070 Plan Review/Const. □ 92080 No Inspection □ 92090 Restaurant Training Permit Date    3/3/1000   Please Remit within 10 days to	Environmentalist Code  AWT	Certified Manager  Facility Signature  Environmentalist Signature  White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	Licence Number  Licence Number  Lauta  Lauta			