



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County SunflowerDate 7/26/2019Facility Name POON BEAR DAYCARELicense Number 67CEPEA-2053Purpose Renewal MACapacity 117

All Items In Red Are Critical

Qualified director present
Proper staff to child ratio present
Room and playground capacity met
Center capacity met
License/complaint visible
Certified food manager

In Out COS N/A

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Sanitation Approved

Garbage and garbage bins maintained
Vector control maintained
Water system approved and functioning
Waste water system approved
and functioning
Food service approved

☒ ☐ ☐ ☐
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☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
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☒ ☐ ☐ ☐

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	<u>NO children present</u>
2.	
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

In Out COS N/A
☐ ☐ ☐ ☒
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐

Building and Grounds

Walls, ceilings, floors, toys, equipment
clean and in good repair

☒ ☐ ☐ ☐

Lighting approved
Heating/cooling approved
Ventilation adequate
Glass approved and shielded
Telephone on premises, available,
and functioning

☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐

Electrical outlets protected
Large appliances located properly
Sinks and toilets working properly
Hot water at all sinks, not to
exceed 120°

☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐
☒ ☐ ☐ ☐

Children barred from kitchen
Vending machine snacks meet
nutritional guidelines, if present
Exits, doors and fastening devices
single action approved and in good
working order

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Exits unobstructed
Required smoke detectors, carbon
monoxide monitors, fire extinguishers
and thermometers placed properly and
in good working order

☒ ☐ ☐ ☐
☒ ☐ ☐ ☐

First aid kits stocked and easily accessible

☒ ☐ ☐ ☐

Playground area clean, shaded, well
drained and equipped and fence in good
repair

☒ ☐ ☐ ☐
See playground checklist

Playground equipment meets standards
Pool area clean, fenced, and adequately
maintained

☒ ☐ ☐ ☐
See playground checklist
☐ ☐ ☐ ☒

Diaper changing stations adequate in
number and each fully supplied
(number 00)

☒ ☐ ☐ ☐

Center Director/Individual

Ashley Young

Child Care Representative

Dana Jones

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 3Date 7/26/2019

Name	<u>POON BEAR DAYCARE #12</u>	License No.	<u>6NCEPFEA-2053</u>
Address	<u>3012 Mimosa Dr. Indianola MS 38751</u>		
Purpose	<u>Renewal / TA</u>	Director	<u>Ashley Young</u>
Mileage Start		Mileage End	
County	<u>Sunflower</u>	Telephone No.	<u>(662) 887-4078</u>
Time In	<u>2:08 pm</u>	Time Out	<u>3:12 pm</u>
		Total Time	

Findings/Comments The purpose for visit is for a renewal inspection.
no children was observed due to being out on summer break.
there were no deficiencies observed on today's visit.

A childcare survey was left with Ashley Young, director.
Licensing Rec'd an updated CPR + 1st Aid certification.
Please submit fire form #333 and two week menus before license expires on 8/31/2019.

A license will not be issued w/o submission of fire form #333 & two week menus.

any concerns? Contact Dana Jones @ (662) 887-4951 OR dana.jones@health.ms.com

CLASS F and H violation may result in a monetary penalty. Repeated violations may result in a doubling of a monetary penalty, suspension, or revocation of the facility license

Ashley Young
 Center Director/Designee/Individual

Dana Jones
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name

POOH BEAR DAYCARE

License No.

1053

Date

7/26/2019

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

Comments/Recommendations

Submit fire form #333 + two week cycle menus.

- ☒ Pass - *pending submission of documentation*
- License to be issued: ☒ Regular ☐ Probational ☐ Restricted
- ☐ Fail
- ☐ Follow-up within _____ days

☒ Director☐ Designee

Sara Jones
Child Care Representative

Food Service Facility Inspection Results

PIMS ID 2053	Facility Name, Address 302 MINNOLA DR. POOH BEAR COURTNE INDIANOLA MO 63251	Date 7/26/2019
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

NO Critical violations Observed.	met compliance
	Facility Rec'd an "A"

<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
Permit Date	Environmentalist Code DT3
Please Remit within 10 days to:	

Ashley Young
Certified Manager

Tummy Safe
Licence Number

EXP: 6/23/20

Facility Signature	<i>Ashley Young</i>
Environmentalist Signature	<i>David James</i>

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

Child Care Licensure Playground Checklist

Center Name POON BEAR DAYCARE

Inspection Date 7/26/2019

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)

- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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 59)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)

- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)

- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director Ashley Young

Licensing Official Dana Jean