

MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

		u	,ui C	-		Date 5 80 21				
County Oktibbehau	-				0		791	ND	-16	THY
Facility Name After Sch	Son	H	prpc	m	WYO	License Number 5500	PU	111	W	10
Purpose Tochnical	Jeri	sta	nco)	Capa	acity_79				
Purpose CCI SIN COL	100.					Other Items - Must be corrected	In C	Out (cos	N/A
						Children's belongings separated/stored Evacuation plans posted				
All Items In Red Are Critical	In, (Out	COS	N/A		Menus posted and served	出			
Qualified director present	7					Plan of activities	4			
Proper staff to child ratio present Room and playground capacity met	7					Building and Grounds Walls, ceilings, floors, toys, equipment				
Center capacity met License/complaint visible	7	Ħ				clean and in good repair	1			
Certified food manager						Lighting approved Heating/cooling approved	出			
Sanitation Approved Garbage and garbage bins maintained	Z.					Ventilation adequate Glass approved and shielded				
Garbage and garbage bins maintained Vector control maintained Water system approved and functioning						Telephone on premises, available,	4			
Waste water system approved	1	П				and functioning Electrical outlets protected	7			
and functioning Food service approved	Z					Large appliances located properly Sinks and toilets working properly	弄			
Possible Monetary Penalty		l t-	ry Pena	ltv		Hot water at all sinks, not to	H		П	
1.	\$_	ioneta	ry rena			exceed 120° Children barred from kitchen	#			
2	\$_					¥ Vending machine snacks meet nutritional guidelines, if present				
2	\$_					Exits, doors and fastening devices single action approved and in good				
4	\$					working order	7			
4	s					Exits unobstructed Required smoke detectors, carbon	4			
5	toff No	mo I	CAF	2001	tn	monoxide monitors, fire extinguishers and thermometers placed properly and				
Age/Child/St)	HIC	(2.8	3) F	305		F			
2.		- (1	J .		First aid kits stocked and easily access	ible			
3.						Playground area clean, shaded, well drained and equipped and fence in goo	od			
4.						repair	甲			
5.						Playground equipment meets standard				Z
6.						Pool area clean, fenced, and adequated maintained	у 🗆			Ø
7.		//)	1	1	Diaper changing stations adequate in number and each fully supplied				
	K			1	1	(number)	D	0,4	400	21
Center Director/Individual_	/W	me	19/	anata f	1	Child Care Representative	∠(Ju	C	4-(
White Copy - Facility File Yello	ож Сору	- Fac	шту Ор	erator	10	10.00		I	Form N	No. 281

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1	20210 10119
Name After School Program WAR License No. 3	3CDPSNA-6473
Address 221 M.L. King Jr. Dr. W. Starkville, Center/Organization/Individual	ns 39759
Purpose Tochnical Hostistance, Director Famel	a Conerly [16Dyn Lonerly
Mileage End	
Mileage Start County Oktibbeha. Telephone No. (2002)	312-1812
	Time
Findings/Comments Forc & Conduct a technical USS	stonce.
Findings/Comments / Car Comments / C	
Kitchen permitted - No hazard verified a	wenting copy
Of Temmy Sate Certification Store.	
Kitchen measured 22.167 X 13.64 = 3	03.02
Alexanom #M 4M & 90	
-5.217 x-6.167=	11
289.6 765	1
Mill (are. Que stomaine) was provided to Pamela (me	rhat the out conference."
"Child lare Questionnaire) was provided to Jamela (me	That the control of t
"Class I or I yolations may result in a monetary	. Repeated violations may
result in the doubling of the monetury penal	An suspension or revocation
"Class I or Il viblations may result in a monetary penal of the hicense."	
Hamold mak Joulette Devolt	White Copy - Facility File Yellow Copy - Operator
Center Director/Designer Individual Child Care Representative	

Mississippi State Department of Health

Revised 6-24-09

Form No. 287

Food Service Facility Inspection Results

PIMS ID Facili	ty Name, Address	lyam	Date 5 20 21
CRITICAL VIOLA		CORRECTION PLAN A	ND SCHEDULE
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training Permit Date Please Remit within 10 days to:	92010 Permit No Charge 92015 Permit 1 \$30.00 92011 Permit 2 \$100.0 92012 Permit 3 \$150.0 92013 Permit 4 \$200.0	0 00 00	Licence Number