



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Hinds</u>	Date <u>05.19.2021</u>
Facility Name <u>Mid-year / TA</u>	License Number <u>#3746</u>
Purpose <u>Mid-year / TA</u>	Capacity <u>39</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.	<u>1/2 year old - 2 - 1 CG</u>
2.	<u>3/4 year old - 4 - 2 CG</u>
3.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input checked="" 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 <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

Child Care Representative

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 05.19.2021

Name	Creative Minds Learning Center #1	#3746
	2526 Raymond Rd.	
Address	Att: Rachel Lacey	
	Lic: 25CCPFA-3746 P. 601-373-9349	
Purpose	<u>Mid-Year Inspection</u>	
Mileage Start	Mileage End	
County	<u>Hinds</u>	
Telephone No.		
Time In	Time Out	Total Time
<u>10:00 a.m.</u>	<u>12:30 p.m.</u>	

Findings/Comments Upon arrival the LO met w/ the director Rachel Lacey on today's visit.

The purpose of this visit is to conduct a mid-year inspection and providing technical assistance.

Technical assistance was provided on the following:

Appendix D - Playground Safety Standards:

CPSC. 2.4.2 page 9-10 - States in part Surfacing. Under and around playground equipment is important factors in reducing life threatening injuries to the children.

Findings: LO observed inadequate surfacing on playground area around and under equipment. Facility needs to replenish between 6 and 9 inches of surfacing of your choice, on back playground. Fence in good repaired, w/ no gaps

Rule 11.9 (8)

Findings: LO observed fence need to be repaired, due to one pole broke off. Fence needs to be repaired in good condition.

Class I II violations may result in a monetary penalty.

Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

Rachel Lacey
Center Director/Designee/Individual

Azelda E...
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**

Creative Minds Learning Center #1
2526 Raymond Rd.
Att: Rachel Lacey
Lic: 25CCPFA-3746 P. 601-373-9349

Date 05.19.2021

Facility Name _____ License No. # 3746

CPSC. 3.4, 3.5 pg 16 - States in part, brush, overgrowth must be free from fence line and surfacing.
Findings: LO. Observed brush, overgrowth on playground fence and growing in surfacing on first playground. Overgrowth, brushes must be removed from fence line and over growth.

RULE 1.10.2, pg 46 & CPSC 2.2.6 pg 6: Inappropriate equipment
Finding 5: LO. Observed inappropriate equipment being use.

TA was provided w/ the director - preschool can't use the monkey bar only after school children.
LO recommended to have monkey bars removed due it may cause injuries to the children. Playground can't be used until adequate surfacing is replenish around and under playground equipment.
LO provided technical w/ director on looking at Appendix D on appropriate equipment to use.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?
2. Who will be responsible for monitoring violation from recurrence?
3. What is the date of completion?

Director stated she spoke w/ maintenance on today, to look all all the items need s to be corrected; fence - going to lowes to pick up materials that is

needed to repair the fence.
Over growth / brushes - Director stated she contacted her yard person, to get rid of the brushes / overgrowth on fence line and surfacing on first playground, and also replenished surfacing for second playground -
Director stated she has contacted her maintenance person to do an order on surfacing of her choice to replenish around and under playground equipment

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Creative Minds Learning Center #1
2526 Raymond Rd.
Att: Rachel Lacey
Lic: 25CCPFA-3746 P. 601-373-9349

Child Care Encounter (Continuation)

Date 05.19.2021

Facility Name _____

License No. # 3746

Completion dated: June 30, 2021.

Subchapter 11: BUILDINGS AND GROUNDS

Rule 1.11.5(5)

Toilets, urinals, hand washing lavatories, and sinks shall be clean and operational. Bathrooms, hand washing lavatories, and sinks shall be supplied with soap, and individual towels for drying hands. Each toilet shall be supplied with toilet paper.

Findings: LO. Observed no or little water running at the facility. Director stated that they have no or little water due to a city wide water crisis.

TA was provide w/ the director, due to no water, facility has to close until water is back fully running. Please following up w/ the LO. on the water updates.

LO. left a green survey card- w/ the director Rachel Lacey.

Rh Lacey
Center Director/Designee/Individual

Belda Eells
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

Creative Minds Learning Center #1
2526 Raymond Rd.
Att: Rachel Lacey
Lic: 25CCPFA-3746 P. 601-373-9349

PIMS ID #3746	Facility Name Creative Minds Learning Center #1 2526 Raymond Rd. Att: Rachel Lacey Lic: 25CCPFA-3746 P. 601-373-9349	Date 05.19.2021
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>No critical violations observed on today's visit.</p>	<p>(A)</p>
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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 |
|---|---|

Permit Date

Environmental Code

Please Remit within 10 days to:

Rachel Lacey T/S 10.16.25
Certified Manager Licence Number

Facility Signature

Environmental Signature

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

re Licensure Playground Checklist

Center Name _____ Inspection Date 05.19.2021

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3) <u>Surfacing needs to be replenished around and under playground equipment</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of <u>brush/overgrowth</u> ? (CPSC 3.4, 3.5, pg 16) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-35) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Is playground area clean & free of hazards? If not, state deficiency. <u>#1/#3/#9/#14</u> (Rule 1.11.11 (1), pg 61) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15) |

Director Rachel Lacey Licensing Official Azella Ellis