



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hinds

Date 10-3-2019

Facility Name _____

License Number _____

Purpose Midyear

Capacity _____

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.	Infants / 5 / caregiver 1
2.	2 yr olds / 6 / caregiver 2
3.	2 yr olds / 4 / caregiver 3
4.	4 yr olds / 10 / caregiver 4
5.	3 yr olds / 8 / caregiver 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool area clean, fenced, and adequately maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Melina Morris

Child Care Representative

[Signature]
Richard



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 10-3-2019

Name _____

St. Peter Daycare &
Christian Learning Center
License No.: 25CDRF-1181

Address _____

Director: Denise Williams
1580 W. Ridgeway Street
Jackson, MS 39213
Phone No.: 601-366-3713

Purpose Midyear InspectionDirector Denise Williams

Mileage Start _____

Mileage End _____

County Hinds

Telephone No. _____

Time In 9:20

Time Out _____

Total Time _____

Findings/Comments Upon arrival to met w/ Mionna Morris, director designee.

Stated the purpose of the visit to conduct a midyear inspection and to provide TA.

Rule 1.11.1(12) Walls shall be kept clean and free of torn wall covering, Chipped Paint.

Findings: Based on observations while touring the facility, the facility failed to keep wall clean and free of chipped paint. Director Designee stated that she is going to discuss this matter with the board today 10-3-2019 also will notify the president. Chipped paint was noticed in the hallway 3yr olds room, 4yr olds room, and one yr old room.

Rule 1.11.8(a) Thermometers that do no present a hazard to children shall be placed on interior walls in every activity area at children's height.

Findings: Based on observations while touring the facility, the facility failed to have thermometers posted in the 4yr old room, the older 2 yr old room, the younger two year olds room, and the lunch area. Director Designee stated that she would purchase new thermometers today 10-3-2019 and post them.

Mionna Morris
Center Director/Designee/Individual

Joyce Woods
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 10.3.2019

Facility Name _____ License No. _____

Rule 1.11.1(16) Unused electrical outlets shall be protected by a safety plug cover.

Findings: Based on observations while touring the facility, the facility failed to have plug covers in some outlets throughout the facility. Director Designee found some covers to put in the outlets in the 3 yr old room, hallway, and lunch area. Designee will purchase more outlet covers to put in the outlets that are missing.

Facility has to remove or repair the toilet tissue dispenser in the girls restroom, on or before Monday 10.7.2019. Director Designee will send a picture once completed.

Playground

See Playground inspection sheet

Green Survey Card was left w/ Mionna Morris.

Mionna Morris
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

St. Peter Daycare &
Christian Learning Center
License No.: 25CDRF-1181
Director:
1580 W. Ridgeway Street
Jackson, MS 39213
Phone No.: 601-366-3713

, Address

Date

10.3.2019

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations observed
on today's visit

"B"

- ☒ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

Please Remit within 10 days to:

Patricia Mitchell

Certified Manager

1/5 exp 5.23.2024

Licence Number

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalist

Child Care Licensure Playground Checklist

Center Name _____

Inspection Date 10.3.2019

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) repair fence on side, paint fence remove rust
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) remove from fence line
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 4 & CPSC 2.2.6, pg 6)
15. ☐ ☒ ☐ Is playground area clean & free of hazards? If not, state deficiency. remove tree bark from playground (Rule 1.11.11 (1), pg 6)
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 _____

Licensing Official _____