



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County <u>Lauderdale</u>	Date <u>1-19-21</u>
Facility Name <u>Curtain Climbers</u>	License Number <u>7268</u>
Purpose <u>midyear</u>	Capacity <u>12</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.	
2.	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input 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>1</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Natalie SmithChild Care Representative Mel. Burns



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 6Date 1-19-21

Name	<u>Curtain Climbers</u>	License No.	<u>7268</u>
Address	<u>1842 Bunk Newell Rd.</u>		
	Center/Organization/Individual		
Purpose	<u>midyear</u>	Director	<u>Natalie Smith</u>
Mileage Start		Mileage End	
County	<u>Lauderdale</u>	Telephone No.	<u>601-644-4100</u>
Time In	<u>10:30</u>	Time Out	<u>12:00</u>
		Total Time	

Findings/Comments Subchapter 12: Health, Hygiene, and SafetyRule 1.12.7Fire/Disaster Evacuation Drills

A. monthly fire/disaster (e.g. tornado, severe weather, floods, earthquakes, hurricanes, ect.) evacuation drill are required record of each drill shall be maintained in the facility records; to include date, time, number of children and staff present and amount of time required to totally exit the building.

B. Finding: During the facility review no monthly fire/disaster drills were observed for the month of December.

C. T.A. was provided on the importance of have fire/disaster evacuation drills monthly.

D. P.O.C. The director/owner will be responsible for ensuring that monthly/disaster drills are conducted monthly. A review of rule 1.12.7 will be reviewed in the MSDH regulation with all staff. A fire drill was conducted with the staff and children during the facility review. The owner/director stated that a fire drill was conducted on Dec. 30, 2020. The owner/director did not record the fire drill in the records. The director/owner will put a policy in place to ensure compliance with the MSDH regulations.

A survey was given to the director. During the record review two children were found without 121's. Children with no 121 may not return until valid 121 is on file. Class 1 & 11 violations may result in a monetary penalty. Repeated violations may result in a monetary penalty, suspension, or revocation of the license.

Natalie Smith  
Center Director/Designee/Individual

MisBauer  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID <b>7268</b>	Facility Name, Address <b>Curtain Climbers</b>	Date <b>1-19-21</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><b>NO violation observed during this inspection</b></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 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:	

**Natalie Smith**      **Tummy Soft**  
 Certified Manager      Licence Number

Facility Signature
Environmentalist Signature <u><b>M. B. Boman</b></u>

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



# Food Service Facility Inspection Results

PIMS ID 7268	Facility Name, Address Curtain Chambers	Date 1-19-21
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>No violations observed during this inspection</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 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:	

Tiffany Seife  
Certified Manager

Natlie Smith  
Licence Number

Facility Signature <u>Natlie Smith</u>
Environmental Signature <u>Mike Bran</u>

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

# Child Care Licensure Playground Checklist

Center Name Curtain Climbers Inspection Date 1-19-21

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair, with no gaps? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 2 4 2 pg 3)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 2 4 2 2-5, pg 10)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3 6, pg 15)
- ☒ ☐ ☐ 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 1119 (5) pg 47)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3 4, 3 5, pg 15)
- ☐ ☐ ☒ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 5 3 9 pg 40)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 3 2 pg 13)
- ☐ ☐ ☒ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency \_\_\_\_\_ (CPSC 3 6 4-5 pgs 34-35)
- ☐ ☐ ☒ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9 5.1 2 pg 15)
- ☐ ☐ ☒ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1102, pg 36)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency \_\_\_\_\_ (Rule 1111 (1) pg 49)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (CPSC 2 (1) pg 5)
- ☐ ☐ ☒ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2 5 5)

Director Natalie Smith Licensing Official Miss Brown