



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County MarionTender Loving Care
4 Lakeview Road, Columbia, MS 39429
601-731-1098 Lic. No.: 46CCPF-3407Date 12.3.20

Facility Name _____

Director: Gidget Willis

License Number _____

Purpose RenewalCapacity 38**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

	In	Out	COS	N/A
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.	See 2nd Encounter
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

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
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 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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	In	Out	COS	N/A
Diaper changing stations adequate in number and each fully supplied (number <u>1</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Gidget WillisChild Care Representative Shanika Bernier



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 12.3.20

Name	Tender Loving Care	
Address	4 Lakeview Road, Columbia, MS 39429	
	601-731-1098 Lic. No.: 46CCPF-3407	
	Director: Gidget Willis	
Purpose	<u>Renewal</u>	
Mileage Start		Mileage End
County	<u>Marion</u>	Telephone No.
Time In	<u>11:40</u>	Time Out <u>12:50</u>
		Total Time

Findings/Comments Renewal inspection conducted.

TFA was provided on rule 1.9.4(5,d). Observed blankets in crib. Caregivers removed items. (COS)

* Please submit ~~for~~ fire form and menus before Jan. 31.

"Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of a monetary penalty, suspension or revocation of the license."

G. Willis
Center Director/Designee/Individual

Shirley Bennis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



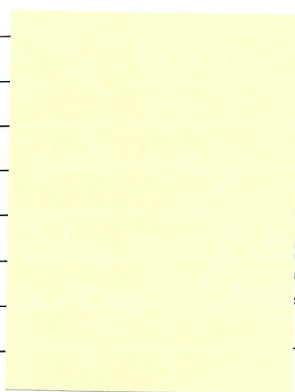
MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 12.3.20

Tender Loving Care
4 Lakeview Road, Columbia, MS 39429
601-731-1098 Lic. No.: **46CCPF-3407**
Director: Gidget Willis

Facility Name _____ License No. _____

Room	Age	# Child	Staff
3	3	8	
1	3	11	
9	infant	9	

G. Willis
Center Director/Designee/Individual

Shonda Benson
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Tender Loving Care
4 Lakeview Road, Columbia, MS 39429
601-731-1098 Lic. No.: **46CCPF-3407**
Director: Gidget Willis



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 12.3.20

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Children records (<i>attach children's records form</i>) {Rule 1.6.7}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Reports of serious occurrences made as required {Rule 1.7.1}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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}
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____

☒ Pass - Pending
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☒ Director ☐ Designee

Shane Berra
Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name	Date
	Tender Loving Care 4 Lakeview Road, Columbia, MS 39429 601-731-1098 Lic. No.: 46CCPF-3407 Director: Gidget Willis	12.3.20

CRITICAL VIOLATIONS

ACTION PLAN AND SCHEDULE

NO critical violations	NA Facility issued an "A"
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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
	SB8

Please Remit within 10 days to:

Donna Rooker
Certified Manager

Tummy Safe
Licence Number
exp. July 2022

Facility Signature
Environmental Signature

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

Inspection Date 12.3.20

Center Name _____

YES NO N/A

☒

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1.

Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 48) in good repair with no gaps? (Rule 1.11.9 (3), pg 48)

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2.

2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)

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3.

Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 38)

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4.

AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (3), pg 47)

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5.

No standing water present on playground or in/on playground equipment or walkway? (CPSC 2.4.2.2-5, pg 40)

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6.

Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)

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7.

Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)

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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 (3), pg 47)

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9.

Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)

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10.

Are use zones adequate? If not, where are they inadequate? (CPSC 3.3.9, pg 40)

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11.

If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 3)

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12.

If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)

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13.

Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)

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14.

Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 3)

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15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)

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16.

Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)

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17.

Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)

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18.

Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Gm Willis

Licensing Official

Shanda Benson