



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date 2.19.20

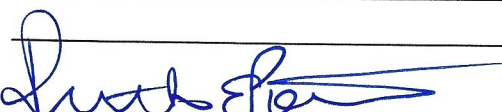
Name _____	Wee Wisdom Learning Center	
Address _____	279 Richardson Ozona Rd. Picayune, MS 39466	
	601-798-4296 Lic. No.: 55CDPFA-3414	
	Director: Ruth Porter	
Purpose <u>Observation</u>		
Mileage Start _____	Mileage End _____	
County <u>Pearl River</u>	Telephone No. _____	
Time In <u>10:40</u>	Time Out <u>12:45</u>	Total Time _____

Findings/Comments Here to conducted a observation based inspection.

Observed room 6 Naptime / Rest Time transition period.

Room 6^{had} 3 year olds^{with} 8 children present.

Survey card was given to director.


Center Director/Designee/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

County Pearl RiverInspection Date 2.19.20Facility Name Wee Wisdom Learning CenterLicense Number 55CDPFA-3414Purpose ObservationCapacity 70Time IN 10:40

Time OUT _____

Transition Periods Observed☐ Arrival☐ Meal Time☐ Transportation☐ Rest Room☐ Playground/Outside Play☒ Naptime/Rest Time☐ Diaper Change☐ Departure

[Signature]
Facility Owner/Director

[Signature]
MSDH Child Care Facility Inspector

Nap Time/Rest Time**Classroom/Age Group** Room 6 / 3 year olds

1. Staff-to-child ratios are in place during naptime/rest time.

☒ Yes☐ No**Observation/Recommendation:**

2. Children are properly supervised during naptime/rest time.

☒ Yes☐ No**Observation/Recommendation:**

3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)

☒ Yes☐ No**Observation/Recommendation:**

4. Adequate space is available to keep personal items (e.g., blankets, stuffed animals, etc.) separate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	
5. There is at least two (2) feet between mats/cots -OR- an impenetrable barrier exists between mats/cots. <input checked="" type="checkbox"/> <i>Satisfactory Standardization</i> <input type="checkbox"/> <i>Unsatisfactory Standardization</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	
6. Classroom/Age Group environment allows staff to see and/or hear a child in distress (not too dark, music not too loud, etc.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	

7. Facility mats are sanitized after each use.

☒ Yes

☐ No

Observation/Recommendation:

Game Plan

Recommendation #1

What's Causing the Issue?

NA

How Do We Improve?

NA

Who's Responsible?

Resource

Timeframe

Recommendation #2

What's Causing the Issue?

How Do We Improve?

Who's Responsible?

Resource

Timeframe

Instructions for Form XXX, Observation Based Inspection Form

Revision Date

1/16/2020

Purpose

This form has been created as a means for MSDH Child Care Facility Inspectors to conduct an Observation Based Inspection for Child Care Facilities.

Instructions

1. Complete Facility Information by providing the following information:
County: County of the facility being inspected
Inspection Date: Date inspection is being conducted
Facility Name: Name of facility being inspected
License Number: Licensing number of facility being inspected
Purpose: Observation Based Inspection -or- Observation Based Inspection Follow-up
Capacity: Capacity of facility being inspected
Time IN: Time inspection begins, and inspector enters facility
Time OUT: Time inspection ends and inspector leaves facility
2. Place a checkmark in the box for each transition period that will be observed during the inspection.
☐ Arrival ☐ Meal Time ☐ Transportation ☐ Rest Room ☐ Playground/Outside Play
☐ Naptime/Rest Time ☐ Diaper Change ☐ Departure
3. For each transition time that is observed, write in the Classroom/Age Group name/age group being observed, if applicable.
4. For each transition time that is observed, indicate by placing a checkmark in the Yes or No box, whether the facility staff is displaying the appropriate behavior.
5. As each transition time is observed, document what is observed and what recommendations may be made to address any issues/situations that may be present.
6. Once the observation period is finished, use the Game Plan section of the form to document:
 - a. What is causing the issue
 - b. How will the issue be improved
 - c. Who is responsible for completing the action plan for improvement
 - d. What resources may be needed, if applicable
 - e. Timeframe for completing the action plan
7. Review the entire inspection document with the Owner/Director of the facility.
8. Have the Owner/Director sign the inspection form.

Office Mechanics and Filing

The application will be scanned and uploaded to the Licensing and Reporting System (LARS), where an electronic copy will be kept.

Retention Period

Records will be retained for two (2) years from the date that the observation based inspection took place.