



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

|                                                |                            |
|------------------------------------------------|----------------------------|
| County <u>Lauderdale</u>                       | Date <u>1-16-19</u>        |
| Facility Name <u>Centralis Children Center</u> | License Number <u>0924</u> |
| Purpose <u>midyear</u>                         | Capacity <u>101</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 checked="" 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 checked="" 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 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>4</u> )                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Center Director/Individual

Shonda Thomas

Child Care Representative

Michelle Burren  
Lakisha Everett



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 6Date 1-16-19

|                                         |                                       |
|-----------------------------------------|---------------------------------------|
| Name <u>Central's Children's Center</u> | License No. <u>0924</u>               |
| Address <u>1004 23rd Ave.</u>           |                                       |
| Center/Organization/Individual          |                                       |
| Purpose <u>mid year</u>                 | Director <u>Glenda Thomas</u>         |
| Mileage Start _____                     | Mileage End _____                     |
| County <u>Lauderdale</u>                | Telephone No. <u>601 - 693 - 0830</u> |
| Time In _____                           | Time Out _____                        |
| Total Time _____                        |                                       |

Findings/Comments Subchapter 11: Buildings and Grounds

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

B. Finding plug covers were observed uncovered in the hallway, # 263 Classroom # 270 Classroom # 269 and Kitchen.

C. T.A. was provided on insuring that all plug covers are covered at all times. This was corrected on site by the director. A walk through was provided with the director to correct this violation.

D. P.O.C. The director will develop a policy to ensure that all plug covers are covered daily. The director will present this policy as a well as review MSDH regulations pertaining to Rule 1.11.1(16). The expected date of completion is 1-31-19. This violation was corrected on site during the facility inspection.

One staff was found without a 105. The licensing official contacted Moley Chew office and the teacher was cleared in August 2018. Please send a copy of the 105 to the licensing official within 14 days. One 121 was found without a 121 form please send to the licensing official within 14 days.

Class 1 & 2 violations may result in a Monetary penalty. Repeated violations may result in doubling of a monetary penalty. Suspension, or revocation of the license.

Glenda Thomas  
Center Director/Designee/Individual

Michelle Brown  
Child Care Representative  
Xakisha Everett

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 1-16-18Facility Name Central Children's Center License No. 0924

## Subchapter 7: Reports

Deficiency: Rule 1.7.4 The facility shall provide daily written reports that include: Liquid intake, children's disposition & bowel movements feeding / sleeping habits to the parents. These reports are for infants & toddlers.

Finding: No daily reports had been completed for the toddler room. daily ~~is~~ done at the end of the day.

Technical assistance was provided on the importance of maintaining these report for infants & toddlers. The reports should be filled these reports out of each infant or toddler throughout the day & making sure parents receive them at the end of the day this will be corrected by 1-31-19.

P.O.c. The director will be responsible for developing a policy that ensures that staff are filling these reports out on each infant or toddler throughout the day & making sure parents receive them at the end of day. This will be corrected by 1-29-19. This was corrected on site.

Staff fills this out each day. They just do it at the end of the day not the beginning.  
Alexia Thomas, Director

Alexia Thomas  
Center Director/Designee/Individual

Milburn Lakisha Everett  
Child Care Representative

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Yellow Copy - Operator



# Food Service Facility Inspection Results

|                        |                                                              |                        |
|------------------------|--------------------------------------------------------------|------------------------|
| PIMS ID<br><u>0924</u> | Facility Name, Address<br><u>Central's Children's Center</u> | Date<br><u>1-16-18</u> |
|------------------------|--------------------------------------------------------------|------------------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

|                                                       |                                                                                      |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p><u>22. proper date marking and disposition</u></p> | <p><u>The director corrected the dating and labeling during this inspection.</u></p> |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 92020 Scheduled<br><input type="checkbox"/> 92030 Followup<br><input type="checkbox"/> 92040 Complaint<br><input type="checkbox"/> 92050 Consultation<br><input type="checkbox"/> 92070 Plan Review/Const.<br><input type="checkbox"/> 92080 No Inspection<br><input type="checkbox"/> 92090 Restaurant Training | <input type="checkbox"/> 92010 Permit No Charge<br><input type="checkbox"/> 92015 Permit 1 \$30.00<br><input type="checkbox"/> 92011 Permit 2 \$100.00<br><input type="checkbox"/> 92012 Permit 3 \$150.00<br><input type="checkbox"/> 92013 Permit 4 \$200.00 |
| Permit Date                                                                                                                                                                                                                                                                                                                               | Environmental Code                                                                                                                                                                                                                                             |
| Please Remit within 10 days to:                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |

Serv Safe  
Tommy Sate  
 Certified Manager

14 326556  
 Licence Number

|                                                                        |
|------------------------------------------------------------------------|
| Facility Signature<br><u>Glenda Thomas</u>                             |
| Environmentalist Signature<br><u>Mike Brown</u> <u>Lakisha Everett</u> |

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

# Child Care Licensure Playground Checklist

Center Name Central Children's Center Inspection Date 1-16-19

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface (Rule 111 9 (8) pg 48) In good repair, with no gaps? (Rule 111 9 (8) pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 111 9 (8) pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2 4 2, pg 8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 111 9 (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 110 2 (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 111 9 (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 5 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 110 2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency \_\_\_\_\_ (Rule 111 11 (1) pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2 1 1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 110 2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2 5 5)

Director Blenda Thomas Licensing Official Mill. Brown Lakisha Everett