



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

| | |
|--|------------------------------------|
| County <u>Humphreys</u> | Date <u>4/25/2018</u> |
| Facility Name <u>First Impressions Daycare</u> | License Number <u>27R4PFA-5062</u> |
| Purpose <u>6 month ITA</u> | Capacity <u>44</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. | <u>INFANTS (6) 2 CAREGIVERS</u> |
| 2. | |
| 3. | <u>12 years (7) 2 CAREGIVERS</u> |
| 4. | |
| 5. | <u>3-5 years (6) 1 CAREGIVER</u> |
| 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 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"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playground equipment meets standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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>02</u>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual Angela LeeChild Care Representative Dana Jones



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 3Date 4/25/18Name FIRST IMPRESSIONS Daycare Hearing License No. 27R4PFA-5062Address 804 Jodie Thuleman St. Belzoni MS 39038

Center/Organization/Individual

Purpose 6 month / TA Director CARRIE WALKER

Mileage Start _____ Mileage End _____

County Humphreys Telephone No. (662) 247-2005Time In 9:15 AM Time Out 11:18 AM Total Time _____Findings/Comments The purpose for inspection was for a six-monthlicensing met with Dominique Lee, designee.Subchapter 9-Program of ActivitiesRule 1.9.4- Rest periods (5a) states in part, "AN INFANT shall be placed on his/her back for sleeping to lower the risk of Sudden Infant Death Syndrome."Findings: LICENSING observed infants sleeping on their stomachs. Per the caregiver the child is not able to hold in the crib. The infant was immediately picked up and placed on their backs.Plan of correction Angela ToyPer Dominique Lee, designee she will inform staff to always place infants on their backs. She will check infant room regularly to make sure that safe sleep is maintained.Rule 1.9.6 (1)(A) (b) states in part that infants shall be free to creep, crawl, and walk as they are physically able. Crib are to be used ONLY for their primary purpose, i.e. cribs for sleeping. Providers should limit the use of equipment for holding infants while they are awake.Findings: The licensing official observed while entering the infant room inadequate lighting. Staff were sitting with theirAngela Lee

Center Director/Designee/Individual

Dana Jones

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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Child Care Encounter

Date 4/25/2018Facility Name First Impressions DaycareLicense No. 27 R4 PFA-5062

back turned to the infants with the lights off. Three infants were observed awake standing in cribs crying. Licensing turned the lights on and instructed that infants be removed from crib if they were not sleeping. Staff were observed completing infant progress reports. It is recommended that reports all completed when infants are sleeping. Facility is recommended to train staff on infant activities.

Plan of correction → Angela Toy

Per ~~Dominique Lee~~ she will ensure that staff is properly trained on infant activities.

* Carlie Walter, owner stated that she has partnered with Friends of Children and renovations are due soon. She will use the ~~first~~ kitchen attached into her max capacity. See form # 301 for other info.

Facility is to contact licensing when renovations begin and also when completed.

Technical assistance was provided on program activities for infants and the importance of contacting licensing for approval of renovations.

A CE survey was left with Dominique Lee, designee.
Angela Toy

* Per Angela Toy her middle name is Dominique and her married name is Lee *

Angela Lee
Center Director/Designee

Dana Jones
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

| | | |
|-----------------|--|-------------------|
| PIMS ID 5062 | Facility Name, Address 804 Jade Thomas Belmont First Impressions Daycare & Learning Center | Date 4/25/2018 |
|-----------------|--|-------------------|

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

| | |
|--|--|
| <p>Subchapter 4: Facility policy & procedures</p> <p>Rule 1.4.4 states in part the operator shall immediately notify the licensing agency of any major changes affecting aspects of the CC facility's operations.</p> <p>Finding: LO observed an unappointed kitchen with ONLY (2) SINKS, no dishwasher being utilized for the facility and to prepare meals.</p> <p>Facility only prepare meals. NO food is cooked at facility.</p> | <p>Facility is to immediately stop using the unappointed kitchen and use the pre-located kitchen that was included in the max capacity at the time of its licensing facility.</p> <p>Facility is to contact LO when the new renovations of the kitchen is complete re. a dishwasher or another sink added.</p> <p>Facility rec'd a "C"</p> |
|--|--|

| | |
|---|---|
| <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 DJS |
| Please Remit within 10 days to: | |

CAROL WALTER
Certified Manager

TUMMBAZE
Licence Number
exp: 6/1/2020

| |
|--|
| Facility Signature <i>Angela Rice</i> |
| Environmental Signature <i>Dana Jones</i> |

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

Child Care Licensure Playground Checklist

Center Name

First Impressions Daycare

Inspection Date

4/25/18

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)
- ☒ ☐ ☐ 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)
No Equipment Observed
- ☒ ☐ ☐ 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)
- ☐ ☐ ☒ 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 46 & CPSC 2.2.6, pg 6)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.
Observed unacceptable walkway leading to facility (Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 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

Angela Dee

Licensing Official

Dana Jones