



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County _____	Kid Academy 918 E. Pass Rd, Gulfport, MS 39507 228-896-2888 Lic. No.: 3567	Date <u>3-15-18</u>	License Number _____
Facility Name _____	Director: Hope Hendry Tisman		
Purpose <u>Renewal</u>	County: Harrison	Capacity <u>174</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.	See Form # 277
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 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"/>
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

M. H. Tisman

Child Care Representative

Amanda K. S. S.

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IXDate 3-15-18

Name Kid Academy License No. \_\_\_\_\_  
 Address 918 E. Pass Rd, Gulfport, MS 39507  
228-896-2888 Lic. No.: 3567 Director/Individual  
 Director: Hope Hendry Tisman  
 Purpose \_\_\_\_\_ County: Harrison Director \_\_\_\_\_  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Time In 10:15 Time Out 12:15 Total Time \_\_\_\_\_

## Findings/Comments

All in compliance. no deficiencies observed.

A survey was given.

For Renewal

1. Application and fee
2. 2 week cycle menus
3. Fire forms
4. Staff contact hours - See form #289 pg. 2

M. T. Tisman  
 Center Director/Designee/Individual

Amanda  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Kid Academy

918 E. Pass Rd, Gulfport, MS 39507

License No. \_\_\_\_\_

Date

3-15-18

Facility Name \_\_\_\_\_

228-896-2888 Lic. No.: 3567

Director: Hope Hendry Tisman

County: Harrison

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (Parent's Handbook)</b> {Rule 1.4.1}  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Personnel records</b> (attach employee's records form) {Rule 1.6.4}   |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Children records</b> (attach children's records form) {Rule 1.6.7}  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Communicable diseases reported as required</b> {Rule 1.7.3}   |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}   |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in toddler room {Rule 1.10.1 (3)}  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present preschool room {Rule 1.10.1 (4)}   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}   |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}  |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Infant feeding schedules posted (Appendix C, VII)  |

## Comments/Recommendations \_\_\_\_\_



Pass –

License to be issued: ☐ Regular ☐ Probational ☐ Restricted☐ Fail☐ Follow-up within \_\_\_\_\_ days☒ Director☐ DesigneeAmenda K. Smith  
Child Care Representative

# Food Service Facility Inspection Results

Kid Academy  
918 E. Pass Rd, Gulfport, MS 39507  
228-896-2888 Lic. No.: 3567  
Director: Hope Hendry Tisman  
County: Harrison

PIMS ID	Facility Name, Address	Date
		3-15-18

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations	"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 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:	

Katrice Johnson Serv Safe  
Certified Manager Licence Number  
exp. 2020

Facility Signature <u>M. Hope Tisman</u>
Environmental Signature <u>Amanda K. Smith</u>

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



# Child Care Licensure Playground Checklist

Center Name Kid Academy

Inspection Date 3-15-18

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (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 1.11.9 (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 1.10.2 (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 1.11.9 (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 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (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 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director M Hope Turner

Licensing Official

Amber K. Smith