



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County MadisonDate 07-02-20Facility Name High College DaycareLicense Number 3578Purpose Virtual RenewalCapacity 76

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. Empty -	Manager
2. 2 year olds - 9	Caregiver 1
3. 3 year olds - 8	Caregiver 2
4. Infants - 4	Caregiver 3
5. 4 year olds - 10	Caregiver 4
6. _____	Manager
7. _____	Caregiver

Center Director/Individual _____

White Copy - Facility File Yellow Copy - Facility Operator
Mississippi State Department of Health

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 ☒ ☐ ☐ ☐Lighting approved ☒ ☐ ☐ ☐Heating/cooling approved ☒ ☐ ☐ ☐Ventilation adequate ☒ ☐ ☐ ☐Glass approved and shielded ☒ ☐ ☐ ☐Telephone on premises, available, and functioning ☒ ☐ ☐ ☐Electrical outlets protected ☒ ☐ ☐ ☐Large appliances located properly ☒ ☐ ☐ ☐Sinks and toilets working properly ☒ ☐ ☐ ☐Hot water at all sinks, not to exceed 120° ☒ ☐ ☐ ☐Children barred from kitchen ☒ ☐ ☐ ☐Vending machine snacks meet nutritional guidelines, if present ☐ ☐ ☐ ☒Exits, doors and fastening devices single action approved and in good working order ☒ ☐ ☐ ☐Exits unobstructed ☒ ☐ ☐ ☐Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order ☒ ☐ ☐ ☐First aid kits stocked and easily accessible ☒ ☐ ☐ ☐Playground area clean, shaded, well drained and equipped and fence in good repair ☒ ☐ ☐ ☐Playground equipment meets standards ☒ ☐ ☐ ☐Pool area clean, fenced, and adequately maintained ☐ ☐ ☐ ☒

Diaper changing stations adequate in number and each fully supplied (number _____)

Child Care Representative Tamika Prater



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 07-02-20

Name <u>Kids College Daycare</u>	License No. <u>3575</u>
Address <u>6 County Road 118 Abbeville MS 38601</u>	Center/Organization/Individual
Purpose <u>Virtual Renewal</u>	Director <u>Minnie Cooper</u>
Mileage Start _____	Mileage End _____
County <u>Leflore Co</u>	Telephone No. <u>662-234-3163</u>
Time In <u>1:00</u>	Time Out <u>1:49</u>
Total Time _____	

Findings/Comments

Conducting virtual inspection with Mrs. Cooper
 The following ^{were} in compliance on today's virtual
 walk through:

Current CPR & First Aid
 Kitchen Recall on "A"
 Playground Check List Completed
 Contact hours Completed.

Rec'd Documents via Email
 Fire Form 333
 Staff and Children Roster
 2 Week menu

Center Director/Designee/Individual

Tamika Bralcher
 Child Care Representative

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name

Hinds College Daycare

License No.

3575

Date

07-02-08

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (Parent's Handbook) {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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {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"/> | Personnel records (attach employee's records form) {Rule 1.6.4} |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Children records (attach children's records form) {Rule 1.6.7} |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicable diseases reported as required {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"/> | Staff present who hold valid CPR and First Aid Certification {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"/> | Appropriate discipline policy followed {Subchapter 14} |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {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☐ Designee

Child Care Representative

Food Service Facility Inspection Results

PIMS ID 3585	Facility Name, Address Kids College Daycare	Date 0702-20
------------------------	---	------------------------

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
<p>No Critical Violations Cited on today's visit.</p> <p>Facility Rec'd An "A"</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 411
Please Remit within 10 days to:	

Minnie Cooper
 Certified Manager

Jimmy Sale
 Licence Number
06-22-23

Facility Signature
Environmental Signature Mika Bralcher

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

Child Care Licensure Playground Checklist

Center Name Kids College Day Care Inspection Date 07-12-20

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)
- ☒ ☐ ☐ 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.

(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 _____

Licensing Official _____

Tamika Bratcher