All Items in Red Are Critical
Qualified director present
Proper staff to child ratio present
Room and playground capacity met
Center capacity met
License/complaint visible
Certified food manager

Sanitation Approved
Garbage and garbage bins maintained
Vector control maintained
Water system approved and functioning
Waste water system approved and functioning
Food service approved

Possible Monetary Penalty
1. ________________________________ Monetary Penalty $________
2. ________________________________ $________
3. ________________________________ $________
4. ________________________________ $________
5. ________________________________ $________

Age/Child/Staff Name
1. Y2 - M -
2. Staff # 7
3.
4.
5.
6.
7.

Other Items - Must be corrected
Children’s belongings separated/stored
Evacuation plans posted
Menus posted and served
Plan of activities

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 _______

Center Director/Individual

Child Care Representative

White Copy - Facility File  Yellow Copy - Facility Operator
Mississippi State Department of Health  12-10-08  Form No. 281
Child Care Encounter

District: ____________________________  Date: 11/07/2018

Name: The Golden Connection  License No.: 5805
Address: 680 Third Street Marks  Center/Organization/Individual
Purpose: Renewal  Director: Patricia A. Hankins

Mileage Start ____________________________  Mileage End ____________________________
County: Quitman  Telephone No.: (601) 326-2311

Time In: 10:55  Time Out: 12:40  Total Time: ____________________________

Findings/Comments: Here is your renewal inspection. The licensing officer met with Patricia Hankins, owner/manager.
Children and staff MSDH 121 form - compliance during today's inspection.
Letter of sustainability - compliance.

No violations during today's inspection.
Childcare questionnaire provided to Ms. Patricia Hankins.
Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

Patricia Hankins  Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Mississippi State Department of Health  Revised 6-24-09  Form No. 287
MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name: The Hidden Connection License No: 5805 Date: 11/07/2012

Yes No N/A

1. ❌ − Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2. ❌ − 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. ❌ − Approved arrival and departure procedures {Rule 1.4.1 (2)}
4. ❌ − Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5. ❌ − Attendance records for children and staff {Rule 1.6.3 (1)}
6. ❌ − Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7. ❌ − Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8. ❌ − Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9. ❌ − Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10. ❌ − Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11. ❌ − Personnel records (attach employee's records form) {Rule 1.6.4}
12. ❌ − Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13. ❌ − Children records (attach child's records form) {Rule 1.6.7}
14. ❌ − Reports of serious occurrences made as required {Rule 1.7.1}
15. ❌ − Communicable diseases reported as required {Rule 1.7.3}
16. ❌ − Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17. ❌ − Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18. ❌ − Age appropriate program of activities posted in each room {Subchapter 9}
19. ❌ − Required toys present in infant room {Rule 1.10.1 (2)}
20. ❌ − Required toys present in toddler room {Rule 1.10.1 (3)}
21. ❌ − Required toys present preschool room {Rule 1.10.1 (4)}
22. ❌ − Licensed pest control contractor {Rule 1.11.14}
23. ❌ − Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24. ❌ − Appropriate discipline policy followed {Subchapter 14}
25. ❌ − Appropriate transportation policy followed {Subchapter 15}
26. ❌ − 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

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

Revised 12-19-13 Form 289
# Food Service Facility Inspection Results

<table>
<thead>
<tr>
<th>PIMS ID</th>
<th>Facility Name, Address</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>52015</td>
<td></td>
<td>11/07/2014</td>
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</table>

## CRITICAL VIOLATIONS

- NO Critical Violations

## CORRECTION PLAN AND SCHEDULE

- 

<table>
<thead>
<tr>
<th>Permit Date</th>
<th>Environmentalist Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>175</td>
</tr>
</tbody>
</table>

- Please Remit within 10 days to:

Certified Manager: [Signature]
Licence Number: [Number]

Facility Signature: [Signature]
Environmentalist Signature: [Signature]

White Copy - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist
Child Care Licensure Playground Checklist

YES NO N/A
☐ ☐ ☑ 1. Playground fence less than 3 ½” 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, pg8)
☐ ☐ ☑ 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
☐ ☐ ☑ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency
☐ ☐ ☑ 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
☐ ☐ ☑ 15. Is playground area clean & free of hazards? If not, state deficiency.
☐ ☐ ☑ 16. Is adequate shade present on the playground? (CPSC 2.1, 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: [Signature]
Licensing Official: [Signature]