



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Inspection

County Copiah Little People Daycare  
 1089 Kemp Lane  
 Hazlehurst MS 39083  
 (601) 894-4577 Lic # 6407

Date 5/10/18

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

License Number \_\_\_\_\_

Purpose RenewalCapacity 37

## 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.	3/4 yrs 10 Cg. 1
2.	
3.	Infants 3 Cg. 2
4.	
5.	1 1/2 yrs 7 Cg. 3
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 <u>2</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Donna Allen

Child Care Representative \_\_\_\_\_



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District <u>5</u>	Little People Daycare	Date <u>5/10/18</u>
	1089 Kemp Lane	
Name _____	Hazlehurst MS 39083	License No. _____
Address _____	(601) 894-4577 Lic # 6407	
Center/Organization/Individual		
Purpose <u>Renewal</u>	Director <u>Designee</u>	<u>Sondra Allen</u>
Mileage Start <u>—</u>	Mileage End <u>—</u>	
County <u>Copiah</u>	Telephone No. _____	
Time In <u>11:50</u>	Time Out <u>1:45</u>	Total Time _____

Findings/Comments Arrived at the facility met with director designee Sondra Allen, after a tour of the facility the following violation were observed.

Appendix C Feeding of Infants (pg. 8)  
Solid foods must be spoon-fed. No solid foods shall be fed by bottle or infant feeder without written direction from a physician

Finding-LO Observed cereal in the bottle in the infant room.

POC-Director Designee agreed to discard that bottle and prepare a new bottle for that infant  
Director designee also will notify parent that of violation.

TA was provided on appendix c (pg. 8)

"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."

Sondra Allen  
 Center Director/Designee/Individual

D. Slay  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI DEPARTMENT OF HEALTH

# Program Review

Little People Daycare  
1089 Kemp Lane  
Hazlehurst MS 39083  
(601) 894-4577 Lic # 6407

Facility Name

License No.

Date

5/10/18

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

Comments/Recommendations Pass pending contact hrs for staff, 2 weeks menus, 2as for 1 staffer expired and should not be left alone with students, Fire Safety form 33

<input checked="" type="checkbox"/> Pass - <u>Pending</u>	License to be issued:	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Probational	<input type="checkbox"/> Restricted
<input type="checkbox"/> Fail				
<input type="checkbox"/> Follow-up within _____ days				
		<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Designee	
		<u>Sandra Allen</u>		<u>D. Slay</u>
				Child Care Representative

# Food Service Facility Inspection Results

Little People Daycare  
1089 Kemp Lane  
Hazlehurst MS 39083  
(601) 894-4577 Lic # 6407

PIMS ID

Date

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

All in compliance

Issued

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

CH7

Please Remit within 10 days to:

Myrtle Harris  
Certified Manager

88 exp. 8/08  
Licence Number

Facility Signature

Soncha Allen

Environmental Signature

Dyanne Gray

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalist

Little People Daycare  
1089 Kemp Lane  
Hazlehurst MS 39083  
(601) 894-4577 Lic # 6407

## re Playground Checklist

Center Name \_\_\_\_\_

Inspection Date

5/10/18

YES NO N/A

- |                                     |                          |                                     |     |   |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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)                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2.  | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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)                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9.  | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency<br>(CPSC 5.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate<br>(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency.<br>(Rule 1.11.11 (1), pg 61)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. | Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)   |

Director

Jenana Allen

Licensing Official

J. Slay