



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County <u>Rankin</u>	Date <u>03.24.2021</u>
Facility Name <u>Mid-year / FA</u>	License Number <u>#5819</u>
Purpose <u>Mid-year / FA</u>	Capacity <u>70</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</u>	<u>5</u> <u>Caregiver</u> <u>1</u>
2. <u>2-year.</u>	<u>6</u> <u>Caregiver</u> <u>2</u>
3. <u>1-year.</u>	<u>2</u> <u>Caregiver</u> <u>3</u>
4. <u>3-year.</u>	<u>5</u> <u>Caregiver</u> <u>4</u>
5. <u>4-year.</u>	<u>12</u> <u>Caregiver</u> <u>5</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"/>
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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 type="checkbox"/>	<input checked="" 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"/>
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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"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>3</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Melissa Denson

Child Care Representative Azelda Eeew





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5

Date 03.24.2021

Name \_\_\_\_\_ License No. #5819  
Address \_\_\_\_\_  
Purpose Mid-year / TA Center/Organization/Individual JoAnne Edmiston  
Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
County Rankin Telephone No. 601.665.1435  
Time In 8:00 a.m. Time Out 9:35 a.m. Total Time \_\_\_\_\_

Findings/Comments Upon arrival, the licensing official and supervisor Chriscella Clay met w/ designee Mrs. Melissa Duran.

The purpose of this visit is to conduct a mid-year inspection and to provide technical assistance w/ the facility.

Rule 1.11.8(c) - The LO observed no thermometers in the 2-year-old, and 4-year-old classroom.  
LO provided technical assistance w/ the facility, explaining a thermometers that do not present a hazard to the children shall be placed on each interior walls in the activity area in the classroom at the children's height.

### P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

The designee, stated she will go to Walmart @ 9:00 to purchase thermometers for those classrooms on today, 03.24.2021 place each on the wall at the children height in each classroom.

LO - Licensing Official  
COS - Corrected on Site  
TA - Technical Assistance  
POC - Plan of Correction  
LOS - Letter of Suitability

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

Customer green survey card was provided to, Melissa Duran on today's visit.

Melissa Duran  
Center Director/Designee/Individual

Azelda Ellis  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

KIDDIE CORRAL CHRISTIAN LEARNING  
CENTER (DISTRICT V) Day Care  
Lic. 61CDPFA-5819  
614 INDUSTRIAL DR  
RICHLAND, MS 39218  
Ph. 601-665-4235

# Child Care Encounter Continuation)

Date 03.24.2021

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

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

The designee and director both will talk to each staff letting them know, if your thermometer(s) broke or is missing please inform them of this, and both director and designee will make sure each classroom has a thermometer on each wall.

LO. explained to the designee, once each one is place in those two classrooms. Please take a picture and send to Jemeria Davis your licensing official.

Thanks for all you all are doing for the children in Mississippi.

**Deficiency:** Rule 1.5.2 (3) states in part "Unless otherwise voided, the letter confirming an employee's Suitability for Employment is valid for a period of five years.

However, if there is no break in service from the submitting licensed provider of origin and/or the same campus, as specified on the suitability letter, the Letter of Suitability will remain valid for as long as the individual remains employed at the licensed facility of origin."

**Findings:** After the LO. reviewed the facility files, (1) staff had an expired (LOS) letter of suitability on file at the facility. TX. was provided w/ the designee all staff at the facility must have a valid (LOS) letter of suitability on file. LO. did not observed staff alone w/ the children. It was explained at no given time staff can be left alone w/ the children until a valid clearing (LOS) is on file at the facility.

Please send a valid copy to Jemeria Davis your licensing official.

Melissa Duron  
Center Director/Designee/Individual

Azelda Ellis  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 03.24.21

KIDDIE CORRAL CHRISTIAN LEARNING  
CENTER (DISTRICT V) Day Care  
Lic. 61CDPFA-5819  
614 INDUSTRIAL DR  
RICHLAND, MS 39218  
Ph. 601-665-4235

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

**P.O.C**

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

The designee stated that the staff will go tomorrow morning 03.25.21 to get prints, fill-out Child Abuse Form, and money order, and the Director will take all to the MSDH - Finger printing Department to drop off all required per prints. The designee / director, stated they monitor the staff files once a month, so this will not occurred again.

Melissa Pera  
Center Director/Designee/Individual

Azella Ellis  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID	Facility	KIDDIE CORRAL CHRISTIAN LEARNING CENTER (DISTRICT V) Day Care Lic. 61CDPFA-5819 614 INDUSTRIAL DR RICHLAND, MS 39218 Ph. 601-665-4235	Date	03.24.2021
CRITICAL VIOLATIONS		ACTION PLAN AND SCHEDULE		

No Critical Violations  
observed on  
today's visit.

(A)

<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
Please Remit within 10 days to:	

Melissa Wallace T/S  
 Certified Manager Licence Number

exp. 09.27.22

Facility Signature	Melissa Wallace
Environmental Signature	Azela Ellis

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

KIDDIE CORRAL CHRISTIAN LEARNING  
CENTER (DISTRICT V) Day Care  
Lic. 61CDPFA-5819  
614 INDUSTRIAL DR  
RICHLAND, MS 39218  
Ph. 601-665-4235

## Playground Checklist

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

Inspection Date 03.24.2021

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) Due to inclement weather
- ☒ ☐ ☐ 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 41 & CPSC 2.2.6, pg 6)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. Remove broken tree limb. (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

Melissa Davis

Licensing Official

Azela Ellis