

## MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

		/ R					
County Cowolvo	<b></b>	Date 2/10/208	2/_			<u> </u>	
Facility Name Road Arrivols II License Number 4902							
Purpose Mich-year The Dechapacity by							
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities		Out OUTO	cos	<b>N/A</b>	
Room and playground capacity met Center capacity met License/complaint visible Certified food manager		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	A				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,	NA NA				
Waste water system approved and functioning Food service approved  Possible Monetary Penalty		and functioning  Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly	NA A				
1	Monetary Penalty\$ \$	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present	(X) □				
4	\$ \$	Exits, doors and fastening devices single action approved and in good working order  Exits unobstructed	X	,			
Age/Child/Star  1. 3/445-M-Star	-	Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	X				
2.	16	First aid kits stocked and easily accessil	ole				
3. Infent 10-3	sept #1, 2, 3	Playground area clean, shaded, well drained and equipped and fence in good repair	ı	X	. 🗆		
5. 14rs - 2 - S	tell #5	Playground equipment meets standards				X	
6. School Age 14-8	Steff # 7	Pool area clean, fenced, and adequately maintained  Diaper changing stations adequate in				X	
Center Director/Individual	lecie Dos	number and each fully supplied (number)  Child Care Representative	A A	ŽĮŽ	XQ	<u></u>	
White Copy - Facility File Yellow Copy - Facility Operator  Mississippi State Department of Health 12-10-08				Form No. 281			

Form No. 287



District	Date 2/10/2021
Name Best Friends	License No. 490Q.
Address 100 Catalpa S	Center/Organization/Individual
Purpose Mid-Year Ins	retion Director Alecta Douglas
Mileage Start	Mileage End
County Cochonol	Telephone No. (663) \$ 627-274(6
Time In 11/155 Time	Out 21/5 Total Time
Findings/Comments 100 for	mid year Lappertion. The
TA-	Oberved
The livensing officio Class room, no exo Class room.	I no plan of artivities in school Age cuartien plan posted in school age
Playground Jencs	
Bulo 1.11.9 (8)- Phy Lo enclosed to the four feet in height prouply, the opening than three and one pulling and the throling; the licen par Herice Dougla pull to upour y	2 outdood Playround great Shall affection the force whall lo at loss and one-half (3/2) inches aff the ch in the fence whall he no gradue -half (3/2) inches e.g., luturon the story afficial prints plants story afficial printstry plants - owner vill ansure that the fence of when the nost seven down 2/18/2001.
Class Fand IT violed Repeated violations ma penalty suspension or	rens may result in a monetary penalty.  y result in the doubling of a monetary  revocation of the livense.
Center Director/Designee/Individual	Child Care Representative  White Copy - Facility File Yellow Copy - Operator
Mississinni State Department of Health	Revised 6-24-00 Form No. 287

Revised 6-24-09

Mississippi State Department of Health

## **Food Service Facility Inspection Results**

PIMS ID	Facility Name, Address	A STREET	Date Date	
CRITICAL VIOLATIONS		CORRECTION PLAN AND SCHEDULE		
	cal violations		AND SCHEDULE	
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training Permit Date  Please Remit within 10 days to:	92013 Permit 4 \$200.00  Environmentalist Code	Certified Manager  Facility Signature  Environmentalist Signature  White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	Licence Number  21,2031.	

Center Name	est Arrends II	Inangation D
YES NO N/A		Inspection Date 2/10/202/
	2 entrances/exits, with one bein	"from surface. (Rule 1.11.9 (8), pg 48) In good repair, pg 48) William (Rule 1.11.9 (8), pg 48) In good repair, g remote from the building? (Rule 1.11.9 (8), pg 48)
	is surfacing adequate? If not, w	here is it inadequate? (CPSC, 2.4.2, pg8)
4. 0. 6	AC units, high-voltage cabling/	wires inaccessible? (Rule 1.11.9 (5), pg. 47)
Д	No standing water present on place (CPSC 2.4.2.2-5, pg 10)	ayground or in/on playground equipment or walkways?
J = 7.	A STATES PLOATER SHIDOM MAIK	r? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36) ng surface? (no trip hazards) (CPSC 3.6, pg 15)
4 0 0 8.	twists/wires facing away from the	<2 threads beyond the nut? Are all bolts and fencing e playground area? (Rule 1 11 9 (5) pg. 47)
9.	3.4, 3.5, pg 15)	y surfaces? Is fence free of brush/overgrowth? (CPSC
<i>-</i>		where are they inadequate? (CPSC 5.3.9, pg 40)
	If swings are present, are S-hook	s in good repair? If not, state deficiency
12.	If slide is present, is exit height/e	xit zone adequate? If not, state deficiency
13.	Are spring rockers a minimum of	(CPSC5. 3. 6. 4-5 pgs 34-35) 6 ft. apart? (ASTM 9.5. 1.2, pg 15)
<ul><li>✓ U U 14.</li><li>✓ –</li></ul>	is age-appropriate equipment bein	ng used? If not, state which pieces are inappropriate
<u> </u>	Is playground area clean & free or	
D 0 16.	Is adequate shade present on the p	(Rule 1.11.11 (1), pg 49) layground? (CPSC 2.1.1, pg 5)
18.	Is wood smooth? Decumentation	ast 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
		provided that wood has been properly treated. (CPSC)
		Jo to XX