



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County LeeDate 2-13-20Facility Name Montessori School of Tupelo License Number 6262Purpose 6mo. Capacity 50**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. _____	\$ _____

**Other Items - Must be corrected**

	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Age/Child/Staff Name
1.	Infants, 6, Caregiver 1, Caregiver 2
2.	1, 11, Caregivers 3-5
3.	3, 19, Caregivers 6-7
4.	
5.	
6.	
7.	

Center Director/Individual Bre LongChild Care Representative Gary PrattWhite Copy - Facility File Yellow Copy - Facility Operator  
Mississippi State Department of Health

12-10-08

Form No. 281





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 2-13-20

Name	<u>Montessori School of Tupelo</u>		License No.	<u>6262</u>
Address	<u>1955 Mount Vernon Rd. Tupelo, MS 38804</u>			
	Center/Organization/Individual			
Purpose	<u>6mo.</u>	Director	<u>LeighAnn Henderson</u>	
Mileage Start		Mileage End		
County	<u>Lee</u>	Telephone No.	<u>662-840-9917</u>	
Time In	<u>8:40</u>	Time Out	<u>10:45</u>	Total Time

Findings/Comments Here for a six month inspection. Upon arrival the licensing met with the director and director designee, Breanna Long.

- Staff-to-child ratio in compliance.
- Staff Loss in Compliance.
- Children 121's in Compliance.
- Kitchen rec'd an A; No critical violations
- Playground was not inspected due to inclement weather.

Facility will email the Licensing Official about a T.A. visit to measure the Kitchen/S due to facility wanting to access their Kitchen area for cooking and prepping meals. Also due to rearranging in RM 1 the infants room will need to be remeasured.

LO recommends that Appendix G (Procedure for Diapering a Child) and (Cleaning and Disinfection Procedure) Appendix H be reviewed with Staff and signed off by each Staff member. Please Submit a copy to the licensing by Feb. 20, 2020 at Shenika. Pratt@msdh.ms.gov or fax 662-499-7181. X BL

Questionnaire provided to the designee, Breanna Long.

Facility well Structured. 😊

Bre Long  
Center Director/Designee/Individual

Shenika Pratt  
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 2-13-20
 Facility Name Montessori School of Tupelo License No. 6262

T.A. provided on Rule 1.6.3 (8) "Each facility shall maintain a notebook of current MSDH Immunizations Form 121 on each employee and child. LO observed 4 staff needing current MSDH Form 121's. Please submit current Form 121 by Feb 27, 2020. X BL

PoC: <sup>director</sup>  
The facility will review records thoroughly (weekly/biweekly) to ensure that compliance is being maintained. She will be responsible for ensuring that the deficiency is corrected by Feb. 27, 2020. X BL

"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."

Bee Sony  
Center Director/Designee/Individual

[Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID 6262	Facility Name, Address Montessori School of Tupelo 1955 Mount Vernon Rd. Tupelo, MS	Date 2-13-20
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>No Critical violations on today's visit.</p> <p>"A"</p> <p>Pass</p>	
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<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 SP2
Please Remit within 10 days to:	

Certified Manager Breaune Long	Licence Number 6262
*Tummy Safe	
Facility Signature Bee Long	Environmental Signature Janet Pratt
White Copy - Facility Yellow Copy - PIMS Pink Copy - Environmentalist	



# Child Care Licensure Playground Checklist

Center Name

Montessori School of Tupelo

Inspection Date

2-13-20

YES NO N/A

- |                          |                          |                          |     |   |
|--------------------------|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.  | Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                 |
| <input 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 48)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input 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)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input 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 47) |
| <input 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 15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg13)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| <input 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 36)   |
| <input 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 49)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)   |
| <input 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 36)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)  |

Director

Bee Jony

Licensing Official

Gary Platt

\* Due to inclement weather the playground was not inspected on today's visit.