

MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Facility Inspection**

County Harrison	Date 4-10-18						
Facility Name Ray & Joan Kroc Center License Number 6506							
Purpose Renewal Car	oacity_ <i>15</i> 0						
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out	cos	N/A			
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						
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,						
Waste water system approved and functioning Food service approved	and functioning  Electrical outlets protected  Large appliances located properly						
Possible Monetary Penalty  Monetary Penalty  S	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						
4\$	working order  Exits unobstructed  Required smoke detectors, carbon monoxide monitors, fire extinguishers						
1 //am _ 'will nave #/s - /8	and thermometers placed properly and in good working order						
	First aid kits stocked and easily accessible Playground area clean, shaded, well						
Proschool Age	drained and equipped and fence in good repair						
36	Playground equipment meets standards						
	Pool area clean, fenced, and adequately maintained						
	Diaper changing stations adequate in number and each fully supplied (number)	口口	o,				
Center Director/Individual Child Care Representative 470 Child Care Representative							
White Copy - Facility File Yellow Copy - Facility Operator Mississippi State Department of Health 12-10-08		Fo	Form No. 281				

Form No. 287

Date 4-10-18



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Encounter**

Name Ray & Joan Kroc Center Salvation License No. 6506
Address 575 Division  Center/Organization/Individual
Purpose Renewal Director Angela Grandberry
Mileage Start Mileage End
County Harrison Telephone No. 228-207-1218
Time In         Time Out         Total Time
Findings/Comments\
Building - No Observations observed
Playpound- No Violations Observered (Indon Equipment)
Staff's Decardo-In compliance
Children's Records-In compliance
Λ
Renewal
1.) application
3.) Fire Survey Form
3.7 1 100
White Copy - Facility File Yellow Copy - Operator  Center Director/Designee/Individual  Child Care Representative

Revised 6-24-09

Mississippi State Department of Health



Facility Name Ray & Jean Kroc Center License No. 6506 Date 4-11-18

	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.	0/0-	Attendance records for children and staff {Rule 1.6.3 (1)}			
		Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}			
6.					
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}			
100		Volunteer records {Rule 1.6.5 & Rule 1.6.6}			
13.	13. Children records (attach children's records form) {Rule 1.6.7}				
14.	14. Reports of serious occurences made as required {Rule 1.7.1}				
15.	15.				
16.	16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}				
17.	17. 2 Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}				
18.	18.				
	19. $\square$ Required toys present in infant room {Rule 1.10.1 (2)}				
	20. Required toys present in toddler room {Rule 1.10.1 (3)}				
1		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}			
	1000				
26.	<b>u</b>	Infant feeding schedules posted (Appendix C, VII)			
		/D			
الا	omments	Recommendations			
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di/	Pass –				
-55.5	License 1	to be issued: Regular Probational Restricted			
		p within days (			
-		Director Designee Child Care Representative			

Mississippi State Department of Health

Revised 12-19-13

Form 289