



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County <u>Coahoma</u>	Date <u>12/07/2017</u>
Facility Name <u>Mitchell's Day Care</u>	License Number <u>4260</u>
Purpose <u>Routine</u>	Capacity <u>11</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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	
2.	
3.	<u>No children</u>
4.	
5.	
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 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

 White Copy - Facility File      Yellow Copy - Facility Operator  
 Mississippi State Department of Health

Child Care Representative

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 7Date 12/07/2017

Name <u>MITCHELL'S Day Care Center</u>	License No. <u>4260</u>
Address <u>524 Indiana Ave. Clarksdale, MS. 38614</u>	
Center/Organization/Individual	
Purpose <u>Temp to Regular</u>	Director <u>Joyce Mitchell</u>
Mileage Start _____	Mileage End _____
County <u>Coahoma</u>	Telephone No. <u>(662) 624-2964</u>
Time In <u>2:00</u>	Time Out <u>2:45</u>
Total Time _____	

Findings/Comments Here for a temp to regular inspection. Upon approval the licensing official met with Tommy Mitchell, director.

The licensing observed no children during today inspection.

No deficiency during today inspection.

Questionnaire provided to director.

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 license.

[Signature]  
Center Director/Designee/Individual

[Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Mitchell's Day Care Center License No. 7260 Date 12/07/2017

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Immunization Records for Children and Staff {Section 105.03, 8}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Letter of suitability for staff {Section 104.02}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attendance records for children and staff {Section 105.03, 1}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Current alphabetical roster of children <i>(includes date of birth)</i> {Section 105.03, 2}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Current staff roster <i>(includes date of birth &amp; date of hire)</i> {Section 105.03, 3}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Monthly records of fire/disaster drills {Section 105.03, 5}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. <b>Medication record with date, time, signature for 90 days</b> {Section 105.03, 6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. <b>Policies and procedures (Parent's Handbook)</b> {Section 103.01}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. <b>Reports of serious occurrences made as required</b> {Section 106.01}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. <b>Communicable diseases reported as required</b> {Section 106.03}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. <b>Appropriate discipline policy followed</b> {Section 113}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. <b>Appropriate transportation policy followed</b> {Section 114}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Approved arrival and departure procedures {Section 103.01, 2}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. <b>Personnel records</b> <i>(attach employee's records form)</i> {Section 105.04}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Volunteer records {Section 105.05 & 105.06}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. <b>Children records</b> <i>(attach children's records form)</i> {Section 105.07}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Age appropriate program of activities posted in each room {Section 108}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Required toys present in infant room {Section 109.01, 2}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Infant feeding schedules posted <i>(Appendix C, VII)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Daily written reports provided to parents for infants and toddlers {Section 106.04}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Required toys present in toddler room {Section 109.01, 3}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Required toys present preschool room {Section 109.01, 4}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Pets present <i>(proof of immunization as required, signed by veterinarian)</i> {Section 111.06}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Licensed pest control contractor {Section 110.14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. <b>Staff present who hold valid CPR and First Aid Certification</b> {Section 107.01, 4 & 5}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Section 103.01, 1-j}

**Comments/Recommendations** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☒ Pass –  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days  
☐ Director ☐ Designee

Child Care Representative

# Food Service Facility Inspection Results

PIMS ID 70260	Facility Name, Address Mitchell's Dairy Care Dental 527 Indiana Ave Oarksdale MS	Date 12/07/2017
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violation	Received 1/7/18
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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 ITS
Please Remit within 10 days to:	

<u>Tommy Mitchell</u> Certified Manager	<u>Tommy 806</u> Licence Number
Facility Signature <u>[Signature]</u>	
Environmentalist Signature <u>Frederick Shogof</u>	
White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	

# Enclosure Playground Checklist

Center Name Mitchell's Day Care Center

Inspection Date 12/07/2017

No equipment

YES NO N/A

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)
2. ☒ ☐ ☐ 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
3. ☐ ☐ ☒ Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
4. ☒ ☐ ☐ AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
5. ☒ ☐ ☐ No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
6. ☐ ☐ ☒ Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
7. ☐ ☐ ☒ Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
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)
9. ☒ ☐ ☐ Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
10. ☒ ☐ ☐ Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
11. ☐ ☐ ☒ If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 3.2, pg13)
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, pg 15)
14. ☒ ☐ ☐ Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1.10.2, pg 36)
15. ☒ ☐ ☐ Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 49)
16. ☒ ☐ ☐ Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
17. ☒ ☐ ☐ Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
18. ☒ ☐ ☐ Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director



Licensing Official

