Rainbow Child Care Center
293 McCullough McLin Road
Florence, MS 39073
Ph.: 601-845-4915
Lic.: **61CDPFA-1462**
Director: Diane Owens

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Rankin Date 01.24.2019

Facility Name _____ License Number _____

Purpose Mid-Year / TA Capacity 63

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	☑	☐	☐	☐
Proper staff to child ratio present	☑	☐	☐	☐
Room and playground capacity met	☑	☐	☐	☐
Center capacity met	☑	☐	☐	☐
License/complaint visible	☑	☐	☐	☐
Certified food manager	☑	☐	☐	☐
Sanitation Approved				
Garbage and garbage bins maintained	☑	☐	☐	☐
Vector control maintained	☑	☐	☐	☐
Water system approved and functioning	☑	☐	☐	☐
Waste water system approved and functioning	☑	☐	☐	☐
Food service approved	☑	☐	☐	☐

Possible Monetary Penalty

	Monetary Penalty
1.	$
2.	$
3.	$
4.	$
5.	$

	Age/Child/Staff Name
1.	4-5 year. 12. caregiver 1
2.	3 year. 12. caregiver 2
3.	Infants. 5. caregiver 3
4.	1 year. 9. caregiver 4
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	☑	☐	☐	☐
Evacuation plans posted	☑	☐	☐	☐
Menus posted and served	☑	☐	☐	☐
Plan of activities	☑	☐	☐	☐
Building and Grounds				
Walls, ceilings, floors, toys, equipment clean and in good repair	☑	☐	☐	☐
Lighting approved	☑	☐	☐	☐
Heating/cooling approved	☑	☐	☐	☐
Ventilation adequate	☑	☐	☐	☐
Glass approved and shielded	☑	☐	☐	☐
Telephone on premises, available, and functioning	☑	☐	☐	☐
Electrical outlets protected	☑	☐	☐	☐
Large appliances located properly	☑	☐	☐	☐
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 working order	☑	☐	☐	☐
Exits unobstructed	☑	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	☑	☐	☐	☐
First aid kits stocked and easily accessible	☑	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	☑	☐	☐	☐
Playground equipment meets standards	☐	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	☐
Diaper changing stations adequate in number and each fully supplied (number 2)	☐	☐	☐	☐

Center Director/Individual D Owens

Child Care Representative J. Evans

White Copy - Facility File *Yellow Copy - Facility Operator*

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Child Care Encounter

District 5

Date 01·24·2019

Name _____ License No. _____

Address _____ *Center/Organization/Individual*

Purpose Mid-year TA Director _____

Mileage Start _____ Mileage End —

County Rankin Telephone No. _____

Time In 11:22 am Time Out 12:57 pm Total Time _____

Findings/Comments Upon arrival the licensing official met with owner/director Diane Owens.

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

Please submit the following items:

liability statement (stating whether or not liability is provided)

proof of building built

designee K. Beaver's three mandatory trainings, and paid experience letter.

D Owens
Center Director/Designee/Individual

Jemeria Evans
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

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Child Care Encounter (Continuation)

Date 01.24.2019

Facility Name _____ License No. _____

Technical assistance was provided on posting of information and food manager expires 05.22.2019.

Licensing official received copy of current tummy safe, and vehicle insurance.

Playground was not inspected due to inclement weather. Inspection will be conducted at a later date.

Customer survey card provided to, director Diane Owens.

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.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
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Food Service Facility Inspection Results

PIMS ID	Facility I		Date
			01-24-2019

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CRITICAL VIOLATI	ECTION PLAN AND SCHEDULE
observed no critical violations	

A

☑ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmentalist Code JD5

Please Remit within 10 days to:

Bernadine Thibodeaux Tummy Safe
Certified Manager Licence Number

Exp: 05-22-2019

Facility Signature Owens

Environmentalist Signature Jimmie Davis

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