



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Lee</u>	Date <u>4-16-21</u>
Facility Name <u>My Casa</u>	License Number <u>6306</u>
Purpose <u>Midyear</u>	Capacity <u>30</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 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. _____	\$ _____

	Age/Child/Staff Name
Rm1 1.	No children
Rm2 2.	No children
Rm3 3.	No children
Rm4 4.	No children
Playground 5.	2, 19, Caregiver 1-3
6.	
7.	

Center Director/Individual

**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 ☒ ☐ ☐ ☐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 \_\_\_\_\_) ☐ ☐ ☐ ☐

Child Care Representative





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 4-16-21

Name	<u>My Casa De Montessori</u>	License No.	<u>6306</u>
Address	<u>204 Lumpkin Ave. Tupelo, MS 38801</u>		
	Center/Organization/Individual		
Purpose	<u>Midyear</u>	Director	<u>Kelly Warren</u>
Mileage Start		Mileage End	
County	<u>Lee</u>	Telephone No.	<u>662-687-1484</u>
Time In	<u>10:30</u>	Time Out	<u>11:45 p.m.</u>
		Total Time	

Findings/Comments Here to conduct a Midyear inspection. Upon arrival the licensing met with the director, Kelly Warren.

- Staff-to-Child ratio in Compliance
- Staff and Children 121's in Compliance
- Staff LOS's in Compliance
- Kitchen rec'd an A; No Critical Violations
- Playground in Compliance

T.A. was provided on Rule 1.11.9 "All licensed child care facilities are required to have an adequate outdoor playground. Lo observed tree limbs needing to be cut to at least 7ft. Facility corrected the deficiency cutting the limbs to at least 7ft. above play surface. JD

Facility will send Lo an email to name 3 staff director designees. Lo rec'd all needed documents for three staff.

- Questionnaire provided to the director, Kelly Warren.

"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."

Kelly Warren  
Center Director/Designee/Individual

Seamus Pratt  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>My Casa De Restaurant</u> <u>204 Lumpkin Ave. Tupelo, MS</u>	Date <u>4-16-21</u>
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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>	<p></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 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 <u>SP2</u>
Please Remit within 10 days to:	

<u>Kelly Warren</u> Certified Manager	<u>6504</u> Licence Number
<u>*Tummy Sides</u>	
Facility Signature <u>Kelly Warren</u>	Environmental Signature <u>[Signature]</u>

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

# Playground Checklist

Center Name My Casa De Montessori Inspection Date 4-16-21  
 Name of Licensing Official Shenika Pratt License # 6306

- | <u>Yes</u>                          | No                       | N/a                                 |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), p 60)<br>In good repair, with no gaps. (Rule 1.11.9 (8), p 60)                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Two entrances/exits, with one being remote from the building. (Rule 1.11.9 (8), p 60)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Surfacing adequate. If not, where is it inadequate? (CPSC, 2.4.2, pp 9-10)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible. (Rule 1.11.9 (5), p 59)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. No standing water present on playground or in/on playground equipment or Walkways. (CPSC 2.4.2.2, p5, p 10)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Toys & equipment in good repair. (None broken/deteriorating) (Rule 1.10.2 (2), p 46)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Sidewalks provide smooth walking surface. (No trip hazards) (CPSC 3.6, pp 16-17)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Bolts on equipment and fence <2 threads beyond the nut? (Rule 1.11.9 (5), p 59)<br>All bolts and fencing twists/wires facing away from the playground area |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. <u>Tree limbs at least 7ft. above play surfaces?</u> Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, p 16)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 11. Use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, p 41)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. If swings are present, are S-hooks in good repair? If not, state deficiency.<br>(CPSC 3.2, p 14; 2.5.2, p 11; 5.3.8.1, p 37)                              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. If slide is present, is exit height/exit zone adequate? If not, state deficiency.<br>(CPSC 5.3.6.4-5 pp 34-36)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Spring rockers a minimum of 6 ft. apart? (CPSC 5.3.7, pp 36-37) (ASTM 9.5.1.2)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Age-appropriate equipment being used?<br>If not, state which pieces are inappropriate. (CPSC 2.2.6, p 6) (Rule 1.10.2, p 46)                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Playground area clean & free of hazards? (Rule 1.11.11 (1), p 61)<br>If not, state deficiency.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Adequate shade is present on the playground. (CPSC 2.1.1, p 5) (Rule 1.11.9 (7), p 60)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Concrete footings located a minimum of 6" beneath the surface.<br>(CPSC 3.6, pp16-17) (Rule 1.10.2 (3), p 46)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 19. Is wood smooth? Documentation providing wood has been properly treated.<br>(CPSC 2.5.5, p 12)   |

Director

Kellie Hunter

Licensing Official

Ganay Pratt