

MISSISSIPPI STATE DEPARTMENT OF HEALTH
Child Care Facility Inspection

County JUNFO WEL		_				Date	9-19-201	19			
Facility Name Swappy C	juden	HE	CEAR	No.			Number 670	BPF	9-5	VI3	
Purpose () //// 4///				Cap	acity_	22			100		
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	Out	cos	N/A		Childr Evacu Menus				Out	cos	N/A
Room and playground capacity met Center capacity met License/complaint visible Certified food manager					Walls,	ing and G ceilings, flo and in good	oors, toys, equipmen	nt /			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning					Heatin Ventila Glass	ng approved ag/cooling ag ation adequation adequation adequation adequation adequation and a second areas areas a second areas areas and a second areas areas areas	pproved ate	XXXX			
Waste water system approved and functioning	, L					nctioning	mises, available,	d			
Food service approved Possible Monetary Penalty			H		Large Sinks		located properly working properly	DAD			
1\$	onetary	Penal	ty		exceed	l 120 ⁶	om kitchen	4			
2\$					Vendir	ng machine	snacks meet nes, if present				
3\$ 4\$		W.		8	Exits, single	doors and fa	astening devices oved and in good				
5\$ Age/Child/Staff Nar	me	t)			Requir monox	ide monitor	etectors, carbon rs, fire extinguishers				
1. 1- YEARS (2) / 2 CARE	AINC	U				ermometers d working o	placed properly and order				
2.)				First ai	d kits stock	ed and easily access	ible 🗾			
3. 4.			-		draine		lean, shaded, well ped and fence in goo	od /	` _□		
5.				See	Playgr	ound equipr	nent meets standard	s 🗆			1
6	***************************************				Pool ai mainta		nced, and adequatel	y 🗆			1
Center Director/Individual	Ree	ul	,		number	r and each f	tations adequate in fully supplied) epresentative		10. 1	M	
White Copy - Facility File Yellow Copy - Mississippi State Department of Health	Facility	Opera		2-10-			-	Out	For	rm No.	281

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

District 3	Cilia Care Elicounter	a h 2-12
		Date
Name Sporter Chulder	HU CHUNG CUPP License No. 67CB	PFA-5083
Address / CAANO	111. INQUERTORI , 1118 38757	
Purpose (MONTH) TA	Center/Organization/Individual Director Mice Re	d
Mileage Start	Mileage End	
County SLW Flower		94917
Time In 942 PM	In an non	111
	Total Time	
Findings/Comments 710 full	SE FOR NEH IJ DE A SIX MONT) phopectun.
there well my defin	ciencies observed on todays visit.	,
	TOTAL OF THE POPULATION OF THE)
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A ChildCARE Survey i	NAS 1894 Spincet fled, diffetop.	
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Shmit Real	Lara ames	White Copy - Facility File
enter Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health

Food Service Facility Inspection Results

PIESS ID Facility Name, Address 15 (Altric Id. Indiana 10 Date 19-2019	5083 Spongebob Childerale Ceaening Confee 19-19-20	
CRITICAL VIOLATIONS CORRECTION PLAN AND SCHEDULE MC Litical Violations Described A "A" 92010 Permit No Charge 92015 Permit 1 \$30.00 92015 Permit 1 \$30.00 92015 Permit 2 \$100.00 92015 Permit 3 \$150.00 92010 Permit 3 \$150.00 92010 Permit 3 \$150.00 9200 Consultation 92012 Permit 3 \$150.00 9200 Restaurant Training Permit Date Please Remit within 10 days to: Please Remit within 10 days to: White Copy - Facility	TO THE CONTROL OF THE TOTAL OF	11/1
Please Remit within 10 days to: Met complain ce Met complain ce	CDITICAL VIOLATIONS	19
Descence 92010 Permit No Charge 92010 Permit No Charge 92020 Scheduled 92010 Permit No Charge 92030 Followup 92015 Permit 1 \$30.00 92040 Complaint 92015 Permit 2 \$100.00 92012 Permit 3 \$150.00 92012 Permit 3 \$150.00 92017 Permit 4 \$200.00 92017 Permit Date Environmentalist Code Environmentalist Signature Environmentalist Signature	CRITICAL VIOLATIONS CORRECTION PLAN AND SCHEDULE	
□ 92020 Scheduled □ 92010 Permit No Charge □ 92030 Followup □ 92015 Permit 1 \$30.00 □ 92040 Complaint □ 92011 Permit 2 \$100.00 □ 92050 Consultation □ 92070 Plan Review/Const. □ 92080 No Inspection □ 92090 Restaurant Training Permit Date Environmentalist Code Please Remit within 10 days to: Certified Manager Licence Number Licence Number Facility Signature Environmentalist Signature White Copy - Facility	M Critical violations Met complaince Observed.	
Pink Copy- Environmentalist	□ 92020 Scheduled □ 92010 Permit No Charge Certified Manager Licence Number □ 92030 Followup □ 92015 Permit 1 \$30.00 □ 92011 Permit 2 \$100.00 □ 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 Facility Signature Permit Date Environmentalist Code White Copy - Facility Yellow Copy - PIMS	

Child Care Licensure Playground Checklist

Center Name $\sqrt{\rho}$	rights Chuldcale California Inspection Date 9-19-2019
YES NO N/A	
	Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
2 0 0 2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
□ □ / 3. ·	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
Z 0 0 4.	AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
□ □ □ 5.	No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
Z 0 0 6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
Z 0 0 7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
Z 0 0 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 59)
0 0 9 9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC
	3.4, 3.5, pg 16) Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
	If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 14)
	2.5.2, pg 1 & 5.3.8.1, pg 37)
	If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC5.3.6.4-5 pgs 34-35)
	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
0 0 9 14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 46
Z 0 0 15.	& CPSC 2.2.6, pg 6) Is playground area clean & free of hazards? If not, state deficiency.
	(Rule 1.11.11 (1), pg 61)
	Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)
Director Mes	Licensing Official MM Janua