



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Hinds</u>	Date <u>1-30-2020</u>
Facility Name _____	License Number _____
Purpose <u>Renewal</u>	Capacity <u>100</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 checked="" type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	<u>No children were present during time of inspection</u>
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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, <u>ceilings</u> , floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input checked="" 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 <u>clean</u> , shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" 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 <u>5</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual Mae Henry

Child Care Representative John Sullivan

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 1.30.2020

E. E. Rodgers Seven Day Adventist

License No.: 25CDRSA-7307

Director: Dr. Mae Henry

5125 Robinson Road Ext.

Jackson, MS 39204

Phone No.: 769-257-7041

Name _____

Address _____

Purpose Renewal Director _____

Mileage Start _____ Mileage End _____

County Hinds Telephone No. _____Time In 1:45pm Time Out 2:55pm Total Time _____

Findings/Comments Upon arrival Licensing official met w/ Mae Henry, director.

The purpose of this visit is to conduct a renewal inspection
Kitchen is inspected by an environmentalist.

Rule 1.11.11 (1) Technical Assistance

The licensing official observed equipment in the play area
being accessible to the children. Unhooked equipment
shall not be accessible to children. Licensing official
explained to director that equipment must be removed
or blocked off to where children can not access unhooked
equipment. Director will put in a work order to get this
done today 1.30.2020.

Building and Grounds - Subchapter 11

Rule 1.11.1 (8) Ceiling shall be kept clean and in good
repair.

Findings: Licensing official observed stained ceiling tiles
in the boys restroom and in the hallway. Director
stated that a work order will be put in today 1.30.2020
for the stained ceiling tiles.

Mae Henry
 Center Director/Designed/Individual

Jamie Wood
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

E. E. Rodgers Seven Day Adventist
 License No.: 25CDRSA-7307
 Director: Dr. Mae Henry
 5125 Robinson Road Ext.
 Jackson, MS 39204
 Phone No.: 769-257-7041



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 1.30.2020

Facility Name _____ License No. _____

Items Needed:

4-6 weeks of menus
 Zoning Letter
 Remaining contact hours for one staff (2.5)
 Fire Form
 Declaration Page (Liability)

Green Survey card was left w/ director.

Class I and II violations may result in a monetary penalty.
 repeated violations may result in a doubling of a
 monetary penalty suspension or revocation of license.

Mae Henry
 Center Director/Designee/Individual

Josephine Beck
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 1-30-2020

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (Parent's Handbook) {Rule 1.4.1} |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attendance records for children and staff {Rule 1.6.3 (1)} |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)} |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)} |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monthly records of fire/disaster drills {Rule 1.6.3 (5)} |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)} <u>After school only</u> |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personnel records (attach employee's records form) {Rule 1.6.4} |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Children records (attach children's records form) {Rule 1.6.7} |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3} |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4} |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)} |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Age appropriate program of activities posted in each room {Subchapter 9} |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)} |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)} |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present preschool room {Rule 1.10.1 (4)} |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14} |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate discipline policy followed {Subchapter 14} |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {Subchapter 15} |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII) |

Comments/Recommendations See Encounter

- ☒ Pass -
License to be issued: ☒ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

Mae Henry
Director

☐ Designee

Joseph Woods
Child Care Representative

Child Care Licensure Playground Checklist

Center Name _____ Inspection Date 130-2020

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 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)
no equipment
- ☒ ☐ ☐ 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) Due to inclement weather
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
no equipment
- ☐ ☐ ☒ 11. 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)
no equipment
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-35)
no equipment
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
- ☒ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. remove play structures from play area or block off to where children cannot access (Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Mae Henry

Licensing Official

James Gull