



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County JacksonDate February 12 2020Facility Name Little Foot Learning CenterLicense Number 3989Purpose mid yearCapacity 100

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 checked="" 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. <u>Rule 1.5.2</u>	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name		
1.	<u>[Redacted]</u>	<u>13</u>	<u>2yr</u>
2.	<u>[Redacted]</u>	<u>9</u>	<u>1yr</u>
3.	<u>[Redacted]</u>	<u>14</u>	<u>3yr</u>
4.	<u>[Redacted]</u>	<u>84</u>	<u>1yr</u>
5.	<u>[Redacted]</u>	<u>6</u>	<u>infant</u>
6.	<u>[Redacted]</u>	<u>13</u>	<u>4yr</u>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Cindy Atwood

Child Care Representative

Anna H. Hester

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 9Date February 12, 2020

Name <u>Little Feet Learning Center</u>	License No. <u>3989</u>
Address <u>5100 Jim Ramey Rd. Vancleave 39565</u>	Center/Organization/Individual
Purpose <u>mid-year</u>	Director <u>Cindy Atwood</u>
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228-826-0360</u>
Time In <u>11:45</u>	Time Out _____ Total Time _____

Findings/Comments

Building - No Violations ObservedKitchen "A"T.A. provided on freezer. The freezer is being replaced. A stand-alone freezer is required for 50 or more children.Staff RecallSubchapter 5: Personnel RequirementsDeficiency Rule 1.5.2. at no time shall the facility allow that individual to provide unsupervised or be left alone with a child until the facility receives notification from the Department (MSDH) verifying that employees available for employment.Finding: Observed one employee alone with children without a valid AOS.POC - Ms Cindy has mailed off the paperwork for a AOS. Called fingerprinting and she has not cleared. Ms Cindy placed another staff (with a AOS) in the room. Ms Cindy stated that any employeesCindy Atwood
Center Director/Designee/IndividualAnna J. Walker
Child Care RepresentativeWhite Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**Date 2-12-2020Facility Name Little Feet L.C. License No. 3989

without a SOS will not be left alone till they
have shared

You have 60 days to send SOS to me.

T.A provided on Rule 1.52

Children 121's in compliance

The playground is ~~not~~ wet. It will be inspected
at a later date

Class 1 and 11 violations may result in a monetary
penalty. Repeated violations may result in the doubling
of a monetary penalty, suspension or revocation of
license

A survey was provided
Cindy Atwater
Center Director/Designee/Individual

Anna L. H. H. H.
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 3959	Facility Name, Address Little Seal Ferry Center	Date 2-12-2020
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>* Jimmy Safe will expire 5-21-2020 *</p>	<p>No Violations Observed <u>NA</u></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 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 11-30-20	Environmentalist Code awg
Please Remit within 10 days to:	

Certified Manager Cathy Alwood
 Licence Number Jimmy Safe
 exp 5-21-2020

Facility Signature <u>Cathy Alwood</u>
Environmentalist Signature

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