

## **Child Care Facility Inspection**

| County Oallson  |                        | Date_ Set. 22, 1  | 8                                       |     |     |              |
|---|------------------------|---|---|-----|-----|--------------|
| Facility Name St. Paul  | U. M Presch            | License Number 0/33   | •                                       |     |     |              |
| Purpose Reneval   | Сар                    | pacity 10 9   |   |     |     |              |
| All Items In Red Are Critical Qualified director present  | In Out COS N/A         | Other Items - Must be corrected<br>Children's belongings separated/stored<br>Evacuation plans posted<br>Menus posted and served<br>Plan of activities |   | Out | COS | N/A          |
| Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager |                        | Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair  |   |     |     |              |
| Sanitation Approved Garbage and garbage bins maintained Vector control maintained   |                        | Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,                         |   |     |     |              |
| Waster system approved and functioning Waste water system approved  |                        | and functioning   |   |     |     |              |
| and functioning Food service approved   |                        | Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly   | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |     |     |              |
| Possible Monetary Penalty  1.   | Monetary Penalty<br>\$ | Hot water at all sinks, not to exceed 120°  Children barred from kitchen  |   |     |     |              |
| 2   | \$<br>\$               | Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices   |   |     |     |              |
|   |                        | single action approved and in good<br>working order   | 2                                       |     |     |              |
|   | of 7 2 grz             | Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and                        | 3                                       |     |     |              |
|   | 10 4 Ws                | in good working order   |   |     |     |              |
|   | 11 4 eyes              | First aid kits stocked and easily accessibl   | e 🔽                                     |     |     |              |
|   | 1 4 yrs                | Playground area clean, shaded, well drained and equipped and fence in good repair   |   |     |     |              |
|   | 11 3 ms                | Playground equipment meets standards  |   |     |     |              |
|   | 7 3 grz                | Pool area clean, fenced, and adequately maintained  |   |     | ф   |              |
| Center Director/Individual  | 5 3 m                  | Diaper changing stations adequate in number and each fully supplied (number)  Child Care Representative   | 2                                       |     |     | - <u>Y</u> 0 |

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_                               | 9  |                             |                        | are Encounter              | ]               | Date Tel.                   | 22.18            |
|---|--|-----------------------------|------------------------|----------------------------|-----------------|-----------------------------|------------------|
| Name                                    | St.  | Paul U. M                   | Preschool              | License No. O              |                 |                             |                  |
|   |  | Porter ave                  |                        | anization/Individual       |                 |                             |                  |
| Purpose_                                | Ren  | ewal                        |                        | _ Director Linda           |                 | n                           |                  |
| Mileage                                 | Start  |                             |                        | Mileage End                |                 |                             |                  |
| County_                                 | Jac  | kun                         |                        | Telephone No. 228.         | 87540           | 13                          | *                |
| Time In_                                | 8:50   | Tir                         | ne Out <u>l D : 20</u> | Total Ti                   | me              |                             |                  |
| Findings                                | /Comme   | nts                         |                        |                            |                 |                             |                  |
| Chili                                   | Wen  | Records in                  | onplian                | ce                         |                 |                             |                  |
| Stof                                    | f &  | ecorus in                   | comple                 | anco                       |                 |                             |                  |
| Bul                                     | dey  | no irolalu                  | on obe                 | uvee                       |                 | ***                         | -20-00-11/1W12   |
| P 80                                    | <del>,                                    </del> | 1 2                         |                        |                            |                 |                             |                  |
| 4-18                                    | ayy  | ound - 110 a                | rolatio                | ne observed                |                 |                             |                  |
|   |  |                             |                        |                            |                 |                             | T                |
|   |  |                             |                        |                            |                 |                             |                  |
|   | ,  |                             |                        |                            |                 |                             |                  |
| *************************************** |  |                             |                        |                            |                 |                             |                  |
|   |  |                             |                        |                            |                 |                             |                  |
|   |  |                             |                        |                            |                 |                             |                  |
| -                                       |  |                             |                        |                            |                 |                             |                  |
|   |  |                             |                        |                            |                 |                             |                  |
| For                                     | Rong   | - l                         |                        |                            |                 |                             |                  |
| 1) le                                   | ales   | leggling onle               | ~ 0.                   |                            |                 |                             |                  |
| 2) k                                    | lee  | "                           |                        |                            |                 |                             |                  |
|   |  |                             |                        |                            |                 |                             |                  |
| 3) 6                                    | tall   | Conlact for                 | & Sene                 | 1 to me                    |                 |                             |                  |
| 4)                                      | fire   | survy /                     |                        |                            |                 |                             |                  |
| Lind<br>Center Di                       | a Drector/De                                     | Sniggs<br>signee/Individual | Child Care             | A Walles<br>Representative | White<br>Yellow | Copy - Facil<br>Copy - Oper | ity File<br>ator |



#### MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Facility Name St. Poul U. M. Reschol License No. 0/33 Date Feb. 261/8.

|    | Yes        | No  | N/A          |  |
|----|------------|-----|--------------|--|
| 1. | <b>d</b> / |     |              | Policies and procedures (Parent's Handbook) {Rule 1.4.1}                                     |
| 2. | $\square$  |     |              | Proof of Accident/Liability Insurance or documentation that parent has been notified that no |
| 1  | ,          |     |              | insurance is in effect {Rule 1.4.1 (i) & (j)}  |
| 3. | <b>□</b>   |     |              | Approved arrival and departure procedures {Rule 1.4.1 (2)}                                   |
| 4. | ₩,         |     |              | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}                            |
| 5. | ₫,         |     |              | Attendance records for children and staff {Rule 1.6.3 (1)}                                   |
| 6. | <b>v</b>   |     |              | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}            |
| 7. | Ø          |     |              | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}                |
| 8. | <b>4</b>   |     |              | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}                                     |
| 9. |            |     |              | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}                    |
|    | . 🗹        |     |              | Immunization Records for Children and Staff (Rule 1.6.3 (8))                                 |
|    | . 12/      |     |              | Personnel records (attach employee's records form) {Rule 1.6.4}                              |
|    | . 🗹        | . 🗆 |              | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13 | . 🗹        |     |              | Children records (attach children's records form) {Rule 1.6.7}                               |
| 14 | . 🗆        |     |              | Reports of serious occurences made as required {Rule 1.7.1}                                  |
| 15 | . 🗆        |     |              | Communicable diseases reported as required {Rule 1.7.3}                                      |
|    | . 🗆        |     | <b>₽</b>     | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}              |
|    | . 🛂 💆      |     |              | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}          |
|    | . 🗹        |     |              | Age appropriate program of activities posted in each room {Subchapter 9}                     |
|    | . 🗆        |     | $\mathbf{Z}$ | Required toys present in infant room {Rule 1.10.1 (2)}                                       |
|    | . 🛛 _      |     | <b>Y</b>     | Required toys present in toddler room {Rule 1.10.1 (3)}                                      |
|    | . <b>I</b> |     |              | Required toys present preschool room {Rule 1.10.1 (4)}                                       |
| 22 | . 🗹        |     |              | Licensed pest control contractor {Rule 1.11.14}  |
|    | . 🗆        |     |              | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}       |
| 24 | . 🗆        |     |              | Appropriate discipline policy followed {Subchapter 14}                                       |

Appropriate transportation policy followed {Subchapter 15}

Infant feeding schedules posted (Appendix C, VII)

Comments/Recommendations \_\_\_\_\_

|   | 1.                    |           |             |               |                           |
|---|-----------------------|-----------|-------------|---------------|---------------------------|
| 4 | Pass –                |           |             |               |                           |
|   | License to be issued: | ☐ Regular | Probational | ☐ Restricted, | /                         |
|   | Fail                  |           | .0.1        | 0 11          | 0 01/0                    |
|   | Follow-up within      | days      | Linda       | D. Sniger     | Corne halter              |
|   | •                     |           | Director    | Designee 18   | Child Care Representative |

25. 🗆

26. 🗆

## **Child Care Licensure Playground Checklist**

| Cen   | ter N | ame | St   | Paul U. M. Preschool Inspection Date 222-18   |
|---|-------|-----|------|---|
| YES   | NO    | N/A |      |   |
| 7   |       |     | 1.   | Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                   |
|   |       |     | 2.   | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)  |
| ø   |       |     | 3,   | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)   |
| 回   |       |     | 4.   | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
|   |       |     | 5.   | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)  |
| I   |       |     | 6.   | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)   |
| 团   |       |     | 7.   | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| Image: Control of the |       |     | 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 47) |
| <b>□</b> ✓  |       |     | 9.   | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)   |
| d   |       |     | 10.  | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)  |
| <b>d</b>  |       |     | 11.  | If swings are present, are S-hooks in good repair? If not, state deficiency  (CPSC 3.2, pg13)   |
|   |       |     | 12.  | If slide is present, is exit height/exit zone adequate? If not, state deficiency  (CPSC5.3.6.4-5 pgs 34-35)   |
|   |       |     | 13.  | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| d   |       |     | 14.  | Is age-appropriate equipment being used? If not, state which pieces are inappropriate  (Rule 1.10.2, pg 36)   |
| d   |       |     | 15.  | Is playground area clean & free of hazards? If not, state deficiency.  (Rule 1.11.11 (1), pg 49)  |
|   |       |     | 16.  | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)   |
| <b>d</b>  |       |     | 17.  | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)   |
| Q   |       |     | 18.  | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)  |
| Direc   | tor 💋 | Lir | dw   | De Brigge Licensing Official ann & Coller   |