



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County WinstonDate 2/10/21Facility Name Deshirney's Day Care Ctr.License Number 800CPFA-6810Purpose Program ReviewCapacity 44**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	CAPACITY
1.	1-5yrs 20	1, 2, & 3 (Rm 2 (21))
2.	Infants 5	4 (Rm 3 (6))
3.		
4.		
5.		
6.		
7.		

**Other Items - Must be corrected**

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 <u>remove debris</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards <u>(Tayson only)</u>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual DeshirneyChild Care Representative Paula B. Bivins

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Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IVDate 2/10/21

Name	<u>Doriney's Day Care</u>	License No.	<u>80CCPFA-6810</u>
Address	<u>11604 E. Main Street, Louisville, MS 39339</u>		
Purpose	<u>Program Renewal</u>	Director	<u>Deborah Holmes</u>
Mileage Start	<u>0</u>	Mileage End	<u>57</u>
County	<u>Winston</u>	Telephone No.	<u>662-736-2852</u>
Time In	<u>9:30</u>	Time Out	<u>1:20</u>
		Total Time	

Findings/Comments Here to conduct a program renewal inspection.

Violations: Subchapter 6: Facility Records - Rule 1.6.3(8) states in part, "Each facility shall maintain a notebook containing copies of the MSDH Certificate of Immunization Compliance (MSDH Form #121) for both staff and children at the facility..."

Findings: Based on observations and review of staff and children records, the facility failed to ensure that they had a current MSDH 121 on each employee and child. Record review revealed one (1) employee and four (4) children records lacked a current MSDH 121 form.

Plan of Correction:

- 1) What measures will you, as a facility, put into place to correct the immediate violation and how will you prevent recurrence of the violation? Conduct Bi-weekly reviews of expiring facility documentation such as MSDH 121 Forms for staff/children. Request compliance of the documentation within two (2) business days.
- 2) Who will be responsible for monitoring to prevent recurrence of the violation? Mrs. Deborah Holmes and/or designee in charge.
- 3) What is the date of expected completion for compliance? Due by February 24, 2021.

Technical Assistance provided with draft of written corrective measure.

Deborah Holmes  
Center Director/Designee/Individual

Pauline Serice  
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 2/20/21

Facility Name Destiny's Day Care Center License No. 80CC.PFA-6810

Subchapter 5: Personnel Requirements - Rule 1.5.8 (2) states in part, "All child care staff directors, director designees, and care givers shall be required to complete 15 contact hours of staff development, accrued during the licensure year annually."

Findings: The licensing official observed staff in need of contact hours for the current licensure year.

## Plan of Correction - Monetary Penalty (NA)

- 1) What measures will you, as a facility, put into place to correct the immediate violation and how will you prevent recurrence of the violation? Staff are currently working on remainder of contact hours independently as assigned by the director.
- 2) Who will be responsible for monitoring to prevent recurrence of the violation? Mrs. Deborah Holmes - Owner (Director)
- 3) What is the date of expected completion for compliance? Due by April 30, 2021.

Subchapter 11: Buildings and Grounds - Building: (Rule 1.11.12) states, "All child care facility buildings shall meet all fire safety standards listed on the MSOP Form # 383 and all applicable local fire safety standards and/or ordinances."

Findings: The licensing official observed the need of a current annual fire inspection.

## Plan of Correction - Monetary Penalty (NA)

*[Signature]*  
Center Director/Designee/Individual

*[Signature]*  
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 2/10/21

Facility Name Destiney's Day Care License No. 80CCDFA-6810

- 1) What measures will you, as a facility, put into place to correct this immediate violation and how will you prevent recurrence of the violation? Provider proposed timeframe to have completed prior to March 1, 2021. Recommend to have completed by January of each year, if possible.
- 2) Who will be responsible for monitoring to prevent recurrence of violation? Mrs. Deborah Holmes
- 3) What is the date of expected completion for compliance? Due March 31, 2021.

Technical Assistance provided with draft of written corrective measure.

Subchapter 2: Licensure, Requirement for Licensure - Rule 1.2.2 (m) states, "Approved Menu, if applicable."

Findings: The licensing official observed the need of current annual review of menus Form 444.

## Plan of Correction - Monetary Penalty (NA)

- 1) What measures will you, as a facility, put into place to correct the immediate violation and how will you prevent recurrence of the violation? Provider will submit annual two-week cycle of menus Form 444 ensuring all required vitamin sources, times and meal components meet nutritional standards prior to submitting for approval.
- 2) Who will be responsible for monitoring to prevent recurrence of the violation? Mrs. Deborah Holmes

Deborah Holmes  
Center Director/Designee/Individual

Paula S. Serebo  
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter  
(Continuation)

Date 2/10/24

Facility Name Destiny's Day Care License No. 90CCPTA-6810

3). What is the date of expected complete for compliance?  
Due by March 31, 2024.Technical Assistance provided with draft of written  
corrective measure."Child Care Questionnaire was provided to Mrs. Deborah Holmes  
at the exit conference.""Class I and II violations may result in a monetary penalty.  
Repeated violations may result in the doubling of the  
monetary penalty, suspension or revocation of the license."Deborah Holmes  
Center Director/Designee/IndividualPauline Zwick  
Child Care RepresentativeWhite Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Destinee's Day Care Ctr. License No. 6810 Date 2/10/21

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

Comments/Recommendations Submit (5) requested 121 forms for staff/children due by 2/24/21 (14 days); Fire Survey form 333, Two-week cycle of Menus form 444, and 15 mandatory contact training hours per employee are due for approval prior to the issuance of a license.

☒ Pass -  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☒ Follow-up within 60 days  
Documentation  
☐ Director ☐ Designee  
Sharon Hahn  
Paulette L. Linder  
 Child Care Representative



# Food Service Facility Inspection Results

PIMS ID 10810	Facility Name, Address Destiny's Day Care Center	Date 7/10/2021
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>PASS</p>	<p>Search Prep: Turnip Greens Lima Beans Baked Boneless Chicken Corn Bread Milk</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	Environmental Code Pa2
Please Remit within 10 days to:	

<u>Deborah Helms</u> Certified Manager	<u>Tummy 304</u> Licence Number Expires: 1/12/23
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Facility Signature <u>Deborah Helms</u>
Environmental Signature <u>Lauren Smith</u>

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

# Child Care Licensure Playground Checklist

Center Name DESTINEY'S DAY CARE CENTER

Inspection Date 2/10/21

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)

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- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 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)

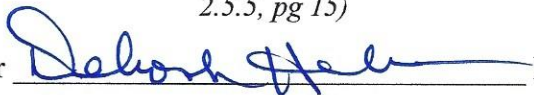
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- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
\_\_\_\_\_  
(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
\_\_\_\_\_  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 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)

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- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
\_\_\_\_\_  
(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



Licensing Official

PAULETTE ELLIOTT, CCFI II