



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County HarrisonDate 8-6-19Facility Name CopplegateLicense Number 7195Purpose mid-yearCapacity 150

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 type="checkbox"/>	<input checked="" 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
1.	<u>Infants - 4 -</u>
2.	
3.	<u>Ones - 9 -</u>
4.	
5.	<u>Twos - 7 - 5</u>
6.	
7.	<u>Three-five-20</u>

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"/>
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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"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative [Signature]

Center Director

White Copy - Facility
Mississippi State D



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IXDate 8-6-19

Name	Applegate Academy	No.
Address	615 Howard Avenue, Biloxi, Ms 39530	
	228-435-5266 Lic. No.: 7195	
Purpose	Director: Danni Roundtree/Chere Hammons	
Mileage Start		Mileage End
County	Harrison	Telephone No.
Time In	9:30	Time Out
		Total Time

Findings/Comments

Subchapter 11 Buildings + Grounds

Deficiency - Rule 1.11.2 (1) States in part "the Capacity for each room shall have a minimum of 35 square-feet of useable space per child."

Findings(COS) - Per the signed floor plan and max Capacity worksheet on file, the capacity for Room #90 is 17 children. During the inspection 20 children were present in the room, with 2 teachers.

POC - COS -

~~There~~ The 3 children that were over capacity were moved to another room.

Director Designee Jessica Jonte ~~states~~ ~~two~~ ~~classrooms~~ ~~were~~ ~~combined~~ ~~during~~ ~~the~~ ~~inspection~~. Ms. Jonte states that moving forward these classes will not be allowed to combine in this classroom any longer.

TA provided on Rule 1.11.2(1)

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 8-6-19

Facility Name Applegate

License No. 7195

Subchapter 5 Personnel Requirements

Deficiency: Rule 1.5.2(2) States in part "at no time shall the facility so allow that individual to provide unsupervised care or be left alone with a child ~~without~~ until the facility receives notification from the Department (MSDH) verifying that employees suitability for employment."

Findings - During records check it was observed that two employees did not have a LOS on file. The fingerprinting unit was contacted. Per Julie Henderson, they are not cleared as of the time of this inspection.

Designee, Jessica Fonte, States she spoke with Dean in fingerprinting and was told the employees were clear. However, CCFI II Amanda Smith spoke with Dean during the inspection and Dean stated she instructed Ms. Fonte to call back after 4:30pm that they weren't clear yet.

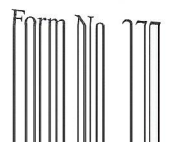
DOC: Director Designee Jessica Fonte states that ~~new~~ employees will no longer be allowed to start employment until LOS have been received, physically, by the facility.

TA provided on Rule 1.5.2(2)

Center Director/Designee/Individual

Child Care Representative

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Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 8-6-19

Facility Name Applegate

License No. 7195

Facility requests Room #10 be re-measured.
No other violations were observed during the inspection.

Class I & II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of license.

TA provided on Playground Surfacing. Muech needs to be "fluffed."

TA provided on Use of Director Designee Rule 1.5.7 (2)

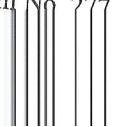
A follow-up inspection will be conducted.

* Please provide copy of CDA for [redacted] n.
LOS for 2 employees within 60 days.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Applegate Academy 615 Howard Avenue, Biloxi, Ms 39530 228-435-5266 Lic. No.: 7195 Director: Danni Roundtree/Chere Hammons	Date 8-6-19
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CRITICAL VIOLATIONS

PLAN AND SCHEDULE

<p>NO violations observed</p>	<p>A</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 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
Please Remit within 10 days to:	

Danni Roundtree Certified Manager
Johnny Sabe Licence Number

Facility Signature
Environmental Signature

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

Child Care Licensure Playground Checklist

Center Name

Apple Gate Academy

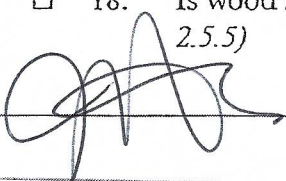
Inspection Date

8-6-19

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" 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)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)
* TA provided on "fluffing" mulch
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ ☐ ☐ 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)
- ☐ ☐ ☒ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 3.2, pg 13)
- ☒ ☐ ☐ 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, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director



Licensing Official

