



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ForrestDate 5/11/18Facility Name Main Street StationLicense Number 1732Purpose ForrestCapacity 50**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	☒	☐	☐	☐
Proper staff to child ratio present	☒	☐	☐	☐
Room and playground capacity met	☒	☐	☐	☐
Center capacity met	☒	☐	☐	☐
License/complaint visible	☒	☐	☐	☐
Certified food manager	☒	☐	☐	☐

Sanitation Approved

Garbage and garbage bins maintained	☒	☐	☐	☐
Vector control maintained	☒	☐	☐	☐
Water system approved and functioning	☒	☐	☐	☐
Waste water system approved and functioning	☒	☐	☐	☐
Food service approved	☒	☐	☐	☐

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	<u>AS - 38</u>
2.	
3.	
4.	
5.	
6.	
7.	

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	☒	☐	☐	☐
Evacuation plans posted	☒	☐	☐	☐
Menus posted and served	☒	☐	☐	☐
Plan of activities	☒	☐	☐	☐

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	☒	☐	☐	☐
Lighting approved	☒	☐	☐	☐
Heating/cooling approved	☒	☐	☐	☐
Ventilation adequate	☒	☐	☐	☐
Glass approved and shielded	☒	☐	☐	☐
Telephone on premises, available, and functioning	☒	☐	☐	☐
Electrical outlets protected	☒	☐	☐	☐
Large appliances located properly	☒	☐	☐	☐
Sinks and toilets working properly	☒	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☒	☐	☐	☐
Children barred from kitchen	☒	☐	☐	☐
Vending machine snacks meet nutritional guidelines, if present	☐	☐	☐	☒
Exits, doors and fastening devices single action approved and in good working order	☒	☐	☐	☐
Exits unobstructed	☒	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	☒	☐	☐	☐
First aid kits stocked and easily accessible	☒	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	☒	☐	☐	☐
Playground equipment meets standards	☒	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
Diaper changing stations adequate in number and each fully supplied (number _____)	☐	☐	☐	☒

Child Care Representative

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District VIIIDate 5/11/18

Name	Main Street Station	
Address	105 Valley Drive, Petal, MS 39428	
	601-544-0810 Lic. No.: 18C4PA-1732	
	Director: Bubba Nobles	
Purpose	<u>Renewal</u>	
Mileage Start		Mileage End
County	<u>Forrest</u>	Telephone No.
Time In	<u>3:11</u>	Time Out
		<u>4:00</u>
		Total Time

Findings/Comments No deficiencies observed during the inspection.A survey was given to Bubba Nobles.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Main St. StationLicense No. 1732Date 5/11/18

	Yes	No	N/A	
1.	☒	☐	☐	Policies and procedures (Parent's Handbook) {Rule 1.4.1}
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)}
3.	☒	☐	☐	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.	☒	☐	☐	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	☒	☐	☐	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8.	☒	☐	☐	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)}
10.	☒	☐	☐	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	☒	☐	☐	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	☐	☐	☒	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 occurrences made as required {Rule 1.7.1}
15.	☐	☐	☒	Communicable diseases reported as required {Rule 1.7.3}
16.	☐	☐	☒	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	☒	☐	☐	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	☒	☐	☐	Age appropriate program of activities posted in each room {Subchapter 9}
19.	☐	☐	☒	Required toys present in infant room {Rule 1.10.1 (2)}
20.	☐	☐	☒	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	☐	☐	☒	Required toys present preschool room {Rule 1.10.1 (4)}
22.	☒	☐	☐	Licensed pest control contractor {Rule 1.11.14}
23.	☐	☐	☒	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.	☒	☐	☐	Appropriate discipline policy followed {Subchapter 14}
25.	☒	☐	☐	Appropriate transportation policy followed {Subchapter 15}
26.	☐	☐	☒	Infant feeding schedules posted (Appendix C, VII)

Comments/Recommendations _____

☒ Pass –	
License to be issued:	☒ Regular ☐ Probational ☐ Restricted
☐ Fail	
☐ Follow-up within _____ days	
☒ Director	☐ Designee
 Child Care Representative	

Food Service Facility Inspection Results

PIMS ID	Facility Main Street Station 105 Valley Drive, Petal, MS 39428 601-544-0810 Lic. No.: 18C4PA-1732 Director: Bubba Nobles	Date	5/11/18
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CRITICAL VIOLATIONS

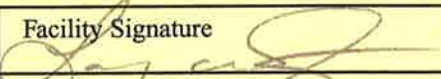
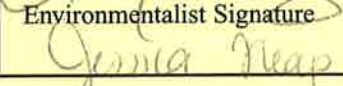
CORRECTION PLAN AND SCHEDULE

No deficiencies observed	
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☒ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training	☒ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00
Permit Date	Environmentalist Code UBP
Please Remit within 10 days to:	

Bubba Nobles
 Certified Manager

Trummy Safe
 Licence Number

Facility Signature	
Environmentalist Signature	

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

Child Care Licensure Playground Checklist

Center Name Main St. Station

Inspection Date 5/11/18

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, pg8)
- ☒ ☐ ☐ 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, pg13)
- ☒ ☐ ☒ 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

Jemica Near