



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Rankin Date 2-13-2020  
Facility Name \_\_\_\_\_ License Number \_\_\_\_\_  
Purpose Renewal. Technical Assistance Capacity 68

## 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
1.	4/5 yr. 12. CG 1
2.	infants. 3. CG 2
3.	1 yr. 5. CG 3
4.	2 yr. 7. CG 4
5.	3 yr. 8. CG 5
6.	
7.	

## Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 <u>4</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Aueri Harris

Child Care Representative A. Herman





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 5

Date 02.13.2020

Name _____	License No. _____
Address _____	Center/Organization/Individual _____
Purpose <u>Renewal - TA</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Rankin</u>	Telephone No. _____
Time In <u>9:04 a.m</u>	Time Out <u>12:01 p.m</u>
Total Time _____	

Findings/Comments Upon arrival, the licensing official met with director Mrs. K. Langston and designee Mrs. A. Harris. The purpose of this visit was acknowledged.

The following was observed:



LO- Licensing Official  
COS-Corrected on Site  
TA-Technical Assistance  
POC-Plan of Correction  
LOS-Letter of Suitability



Subchapter 18: Feeding of Infants and Toddlers

Rule 1.18.3 - formula shall be labeled with the child's name, dated, and placed in the refrigerator upon arrival.  
Findings: The LO observed bottles and cups in the infant and toddler refrigerator with no labels.

Subchapter 11: Buildings and Grounds

Rule 1.11.8(9) - Thermometers that do not present a hazard to children shall be placed on interior walls in every activity area at children's height.  
Findings: The LO observed in (4) classrooms no thermometers on the wall.

Subchapter 4: Facility Policy and Procedures

Rule 1.4.6(1)(B) - daily activity schedule posted in each classroom.

Findings: The LO observed no daily schedule posted in the classroom.

Alex Harris

Center Director/Designee/Individual

Amelia Harris  
Thera Sherman

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter (Continuation)

Date 02.13.2020

Facility Name

License No.

Subchapter 4: Facility Policy and Procedures  
Rule 1.4.6(1)(D) - States in part evacuation route shall be posted conspicuously in the child care facility at all times. Findings: The LO observed one classroom with no evacuation route.

Subchapter 10: EQUIPMENT, TOYS, AND MATERIALS  
Deficiency: Rule 1.10(5) Individual hooks or compartments shall be provided for each child for hanging or storing outer and/or extra clothing as well as for personal possessions. Hooks shall be spaced well apart so that clothes and belongings do not touch those of another child. Hooks shall also be placed at a height suitable to prevent an injury to a child.

Findings: The LO observed student's belongings touching in two classrooms.

Subchapter 11: BUILDINGS AND GROUNDS  
Deficiency: Rule 1.11.1(16) Unused electrical outlets shall be protected by a safety plug cover.

Findings: The LO observed outlets (1) not covered in one classroom.

Subchapter 11: BUILDINGS AND GROUNDS  
Rule 1.11.11(1) Is playground area clean & free of hazardous or potentially hazardous objects.

Findings: The LO observed overgrowth of grass growing through surfacing on playground area.

Subchapter 6: RECORDS  
Deficiency: Rule 1.6.3(8) States in part, each facility shall maintain a notebook containing copies of MSDH Certificate of Immunization (MSDH Form #121) for both staff and students on file at the facility.

Findings: The LO observed (2) students with an expired MSDH 121 form. Please submit within 14 days.

POC:

Director will inform parents and be sure to get updated forms and put them in file and send to LO by allotted day. Director and Designees are responsible to be sure this is corrected and does not recur by doing weekly 121 checks.

Alexi Harris  
Center Director/Designee/Individual

Imeria Davis  
Child Care Representative  
Chera Herman

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter (Continuation)

Date 02.13.2020

Facility Name \_\_\_\_\_

License No. \_\_\_\_\_

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?

2. Who will be responsible for monitoring violation from recurrence?

3. What is the date of completion?

Plan of Corrections Technical Assistance

\* Rule 1.18.3 - Per the designee Mrs. Harris  
She will notify parents to label the  
bottles. If the parents do not label the

bottles, the director and staff will be responsible to make  
sure all labels are on the bottles/cups. Date of Completion  
will be 02.13.2020.

\* Rule 1.4.6 (1)(B), Rule 1.4.6 (1)(D) and  
Rule 1.11.8(9) - Per the designee Mrs. Harris, the facility  
has extra thermometers to post in the classrooms  
at the height of the children. Mrs. Harris will be sure  
to speak with staff about monitoring to make sure  
the required postings daily schedules and evacuation  
routes be posted at all times. A daily walkthrough  
will be completed daily. The date of completion will  
be 02.13.2020.

Rule 1.11.1(16) - This violation was corrected on  
site. The designee and director will be sure to  
complete a daily walkthrough to be sure all  
outlets are covered when not in use. The date  
of completion was on today 02.13.2020.

Rule 1.11.11(1) - Per the designee she and the  
director as well as staff will check playground  
daily to be sure that the playground is up to par.  
Maintenance will be handling all playground  
corrections. The date of completion will be  
by 02.21.2020. Please send photo.

\* A follow up will be conducted.

\* Customer survey card provided to designee.

CLASS I AND II VIOLATIONS MAY RESULT IN A  
MONETARY PENALTY. REPEATED VIOLATIONS  
MAY RESULT IN THE DOUBLING OF A  
MONETARY PENALTY, SUSPENSION OR  
REVOCATION OF THE LICENSE.

Alex Harris  
Center Director/Designee/Individual

Amelia Davis  
Child Care Representative

Alexa Skirm





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 2.13.2020

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

**Comments/Recommendations** PLEASE SUBMIT ALL REQUIRED DOCUMENTATION FOR RENEWAL. APPLICATION SHOULD BE SUBMITTED ONLINE. SEND FIRE FORM #333 AND TWO WEEK MENUS AND OTHER CURRENT REQUIRED DOCUMENTATION FOR RENEWAL OF LICENSE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Pass –  
License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within \_\_\_\_\_ days

☐ Director ☒ Designee

*Auer Harris* *John Harris*  
\_\_\_\_\_  
Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name	Date
	Tikes 2 Tots Family Child Care 213 Commerce Drive Brandon, MS 39208 Ph.: 601-825-3101 Lic.: 61CDPFA-5893 Director: Kimberly Langston	2.13.2020

## CRITICAL VIOLATIONS

## ACTION PLAN AND SCHEDULE

No critical violations  
cited on today's visit

(A)

<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
Please Remit within 10 days to:	

Cheri Harris Tummy Safe

Certified Manager Licence Number

exp: 03-14-2021

Facility Signature	Cheri Harris
Environmental Signature	Cheri Harris

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

# Child Care Licensing Playground Checklist

Tikes 2 Tots Family Child Care  
213 Commerce Drive  
Brandon, MS 39208  
Ph.: 601-825-3101  
Lic.: 61CDPFA-5893  
Director: Kimberly Langston

Inspection Date 02.13.2020

Center Name \_\_\_\_\_

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)
- ☒ ☐ ☐ 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)
- ☐ ☐ ☒ 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)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
please see encounter (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

Averi Harris

Licensing Official

Jennifer Davis  
Phera & Herma