

2505 14th street
Meriden ms

1:30 pm.

Page ____ of ____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 7-25-20

Facility Name Southside

License No. _____

Upon arrival the licensing official was greeted by the owner Reggie R. here to conduct a technical assistance on new building. The following forms are needed:

Soil test
lead test
floor plan
New menus
New hand books
fire form

Classroom 1#

hot water/ water

Cover windows

peeling paint

door for office

plug covers

repair lights

Room # 4 Infants

Need flooring

Ceiling towels

painted

remove cable

Room 2#

base boards repair

Plug covers

holes in floor repaired

lights need to be repaired

peeling paint

Kitchen

painted

Need to be sprayed

pantry space

Cabinets

Room 3#

base boards

playground

New fence at least four feet

remove trees limbs brush

Light Covers 1


painted

hole in wall

floor covering

plug covers


Center Director/Designee/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date _____

Facility Name _____ License No. _____

Need a floor plan

hot water / water

Please cover all windows

Room 1# please cover holes in the walls
peeling paint
Need a door to office

When you walk in the building its a Fowler do not measure

Need plug covers

No air or heat

lights need to work

light covers

Room # 2

base boards

Covers

holes in floor

lights need to be repaired

plug covers

bathrooms

half door

plug cover

No water

rugs need replan

Need ceiling towels

replaced

Room # 3

base boards

Covers

painted

'holes in walls

plug covers

Room 4# Infants Exit doors

Need flooring

ceiling towel plus s/paint

remove cable

Kitchen

paint

finse need ed out as dr

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 9-7-22

Facility Name South South Educational License No. Technical Assistance
2505 14th Street
601-696-4335


Upon arrival the licensing official was greeted by the director.
The director called the licensing official to look at a
fence for the facility.

Kitchen measurements is 90 square feet.
The licensing official gave TA on the play ground.
No After school is allowed at this time.


Center Director/Designee


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator


L. Everett



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 10-8-22Name Southside Educational Community License No. _____Address 2505 14th Street Meridian MS

Center/Organization/Individual

Purpose Technical Assistance Director Reginald Rhone

Mileage Start _____ Mileage End _____

County Lauderdale Telephone No. 601-227-1897

Time In _____ Time Out _____ Total Time _____

Findings/Comments Upon arrival the licensing official was greeted by the owner. The play was measured please correct the following violations. Please hot water need to be repaired in the bathroom. The lights need to be covered. The play in the classroom #2 need to be repaired. The play ground was measured. The following documents is needed to complete the final inspection

- menus
- 1 mile and 5 mile locations
- staff 121's
- staff letters of suitability
- Director information
- updated hand book for staff and children.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 10-17-22Name South side License No. _____Address 2505 14th Street Meridian MS
Center/Organization/IndividualPurpose Initial Inspection Director Reginal Rhore

Mileage Start _____ Mileage End _____

County Lauderdale Telephone No. 601-227-1847

Time In _____ Time Out _____ Total Time _____

Findings/Comments Upon arrival the licensing official was greeted by the owner/director.
The building was completed and hot water was repaired.
Please send licensing official the following:

Zoning for building
Hardcopy Displan Policy
Emergency Policy
Transportation policy

[Signature]
 Center Director/Designee/Individual

Mia Brown
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County LauderdaleDate 10-17-22Facility Name Southside Educational Community License Number _____Purpose Initial final Capacity 30**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

	In	Out	COS	N/A
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.	
2.	
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 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

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	In	Out	COS	N/A
Diaper changing stations adequate in number and each fully supplied (number <u>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual _____

Child Care Representative Mu am

Corrective Action Required: Yes No
Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment

Time in

Address

City/State

Zip

Telephone

License/Permit#

Permit Holder

Risk Level

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicableMark "X" in appropriate box for COS and R
COS = corrected on-site during inspection R = repeat violation

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
Supervision			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Manager certification	
Employee Health			
3	IN OUT	Management awareness; policy present	
4	IN OUT	Proper use of reporting, restriction & exclusion	
Good Hygienic Practices			
5	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
6	IN OUT N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
7	IN OUT N/O	Hands clean and properly washed	
8	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods	
9	IN OUT	Adequate handwashing facilities supplied & accessible	
Approved Source			
10	IN OUT	Food obtained from approved source	
11	IN OUT N/A N/O	Food received at proper temperature	
12	IN OUT	Food in good condition, safe, and unadulterated	
13	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
14	IN OUT N/A	Food separated and protected	
15	IN OUT N/A	Food - contact surfaces: cleaned & sanitized	
16	IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	
Potentially Hazardous Food (TCS food)			
17	IN OUT N/A N/O	Proper cooking time and temperatures	
18	IN OUT N/A N/O	Proper reheating procedures for hot holding	
19	IN OUT N/A N/O	Proper cooling time and temperature	
20	IN OUT N/A N/O	Proper hot holding temperatures	
21	IN OUT N/A	Proper cold holding temperatures	
22	IN OUT N/A N/O	Proper date marking and disposition	
23	IN OUT N/A N/O	Time as a public health control: procedure & records	

Compliance Status		COS	R
Consumer Advisory			
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
25	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Chemical			
26	IN OUT N/A	Food additives: approved and properly used	
27	IN OUT	Toxic substances properly identified, stored, used	
Conformance with Approved Procedures			
28	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan	
29	IN OUT N/A	Risk control plan as required	
Other Critical Factors			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30	IN OUT	Water and ice from approved source	
31	IN OUT	Insects, rodents, and animals not present	
32	IN OUT N/A	Hot and cold water available; adequate pressure	
33	IN OUT N/A	Plumbing installed; proper backflow devices	
34	IN OUT N/A	Sewage and waste water properly disposed	
35	IN OUT	Toilet facilities: properly constructed, supplied	
36	IN OUT N/A	Permit/Last inspection posted	

Date

Person in Charge (Signature)

Inspector (Signature)



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name South side License No. _____ Date 10-17-22

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (<i>Parent's Handbook</i>) {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 & 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"/> | Medication record with date, time, signature for 90 days {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"/> | Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4} |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Children records (<i>attach children's records form</i>) {Rule 1.6.7} |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicable diseases reported as required {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"/> | Staff present who hold valid CPR and First Aid Certification {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 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 type="checkbox"/> | Appropriate discipline policy followed {Subchapter 14} |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {Subchapter 15} |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant feeding schedules posted (<i>Appendix C, VII</i>) |

 Comments/Recommendations _____

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

Min Brun

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name South side Educational Community Center Date 10-17-22
 Physical Address 2505 14th Street Meridian MS
 Operator Reginal Rhore Daytime Telephone Number 601-227-1897
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 7 # of Floors Used for Child Care _____ # of Rooms _____ # of Rooms Used for Child Care _____
 Construction: Masonry ☒ Brick _____ Frame _____ Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☒ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. _____
- ☒ ☐ ☐ 6. Three (3) compartment sink.
- ☒ ☐ ☐ 7. Food preparation sink.
- ☒ ☐ ☐ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☒ ☐ ☐ 1. Approved play area with fence.
- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☒ ☐ ☐ 3. Playground equipment approved before installation.
- ☒ ☐ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☒ ☐ ☐ 7. Other _____
- _____
- _____

II. Furniture And Equipmnet**A. Furniture**

In Out NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☒ ☐ ☐ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☒ ☐ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☒ ☐ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations

Operator Center Date

Licensing Officer

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>Southside Educational Community</i>	Date <i>10-17-22</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No violations observed during this inspection

- ☐ 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

Environmental Code

Please Remit within 10 days to:

Reginald Rhone
Certified Manager

Licence Number

Tummy Safe 09-23-22

Facility Signature

Environmental Signature

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

Center Name South sideInspection Date 10-17-22

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair with no gaps? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 8)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5 pg 10)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 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 1119 (5) pg 47)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40)
- ☒ ☐ ☐ 11 If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 32 pg 13)
- ☒ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 536 4-5 pgs 34-35)
- ☒ ☐ ☐ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 pg 15)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1102 pg 36)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency _____ (Rule 1111 (1) pg 49)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 257)

Director Licensing Official Min. Brun



Prime Rate Premium Finance Corporation, Inc.
PO Box 100507
Florence, SC 29502-0507

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SOUTHSIDE EDUCATIONAL
COMMUNITY CENTER
PO BOX 4205
MERIDIAN, MS 39304-4205



Agency: 0008444 LANE INSURANCE AGENCY INC

For customer service call: 1-800-777-7458 or
go online at www.primeratepfc.com

ACCOUNT NUMBER	BILLING DATE	INSTALLMENT NO.	INSTALLMENT DUE DATE	ACCOUNT SUMMARY	
0059200394	09/08/2022	08 of 08	09/26/2022	INSTALLMENT AMOUNT DUE	\$285.44
This billing statement is your regular billing statement. It does not replace or modify any other notice which you have received or may receive regarding your obligations to Prime Rate.				AMOUNT <u>PAST</u> DUE	\$332.40
				TOTAL AMOUNT DUE	\$617.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Your insurance will be cancelled unless the amount due is paid on or before 6:00 PM EST on 09/12/2022

TEAR ALONG PERFORATION. RETAIN TOP PORTION FOR YOUR RECORDS, RETURN BOTTOM PORTION IN ENVELOPE PROVIDED.

ACCOUNT NUMBER	INSTALLMENT NO.	INSTALLMENT DUE DATE	INSTALLMENT AMOUNT DUE	AMOUNT PAST DUE	TOTAL AMOUNT DUE	AMOUNT PAID
0059200394	08 of 08	09/26/2022	\$285.44	\$332.40	\$617.84	\$
Make checks payable to Prime Rate Premium Finance Corporation, Inc. and note your account number on your check. To allow time for mailing and processing, send your payment well in advance of due date.						

SOUTHSIDE EDUCATIONAL
COMMUNITY CENTER
PO BOX 4205
MERIDIAN, MS 39304-4205

☐ Address change request

Prime Rate Premium Finance Corporation, Inc.
PO BOX 580016
CHARLOTTE NC 28258-0016



0059200394000061784500006321170166

DIFFERNECE BETWEEN DISCIPLINE AND PUNISHMENT

DISCIPLINE AND PUNISHMENT ARE OFTEN USED INTERCHANEABLY; MEANING THE SAME THING. DISCIPLINE MEANS "TO TEACH" CHILDREN ACCEPTABLE BEHAVIOR. GOOD DISCIPLINE TECHNIQUES GIVE CHIDLREN THE OPPORTUNITY TO GAIN SELF-CONTROL, AND HOW TO ACT.

PUNISHMENT REFERS TO INFLECTING NEGATIVE CONSEQUENCES TO CONTROL BEHAVIOR THROUGH FEAR AND INTIMIDATION. PUNISHMENT CAUSE POOR SELF-ESTEEM, IT DOES NOT TEACH CHILDREN ACCEPTABLE BEHAVIOR OR SELF-CONTROL. IT IS IMPORTANT TO SEPARATE DISCIPLE FROM PUNISHMENT WHEN CARING FOR YOUNG CHILDREN.

HOW THE CENTER COMMUNICATED WITH PARENTS ABOUT CHILDREN'S BEHAVIORS

COMMUNICATION IS VE4RY IMPORTANT TO PARENTS WHEN DISCIPLING CHILDREN. THE FOLLOWING ARE THREE FORMS OF COMMUNICATION TO PARENTS:

1. DAILY NOTES SEND HOME
2. GIVEN A DISCIPLINE POLICY AT THE TIME OF ENROLLMENT
3. PARENT CONFERENCE

APPROPRIATE TECHNIQUES FOR DISCIPLINE

THERE ARE MANY GUIDANCE THAT CAREGIVER CAN USE TO TEACH CHILDREN ACCEPTAZBLE BEHAVIOR. THERE ARE THREE DISCIPLINE TECHNIQUES THAT WILL BE USED AT SEC:

1. SEPARATE THE CHILD FROM THE BEHAVIOR: MEANING; IT IS WHAT THE CHILD IS DOING THAT IS UNACCEPTABLE NOT THE CHILD. EXAMPLE, "HITTING IS NOT ALLOWED IN THIS CLASS." YOU NEED TO TALK TO JOHN, RATHE RTHAN YOU ARE SUCH A ROTTEN KIDS.
2. USE POSITIVE LANGUAGE; MEANING: AFTER HEARING "NO, DON'T AND STOP" FAR TOO OFTEN, CHIDLREN SIMPLY TUNE OUT ADULTS. EXAMPLE, 'DON'T CLIMB ON THE FENCE' CAN BE CHANGED TO 'KEEP YOUR FEET ON THE GROUND.'
3. REDIRECT BEHAVIOR; MEANING: IF A CHILD IS ACTING INAPPROPRIATELY IN ONE AREA, HE CAN BE DIRECTED TO ANOTHER. EXAMPLE, "THROWING BLOCKS IS NOT ACCEPTABLE IN BLOCK CENTER. YOU MAY PLAY WITH THE RISTLE BLOCKS IN TABLE TOYS OR PAINT AT THEEASEL UNTIL IT IS TIME TO CLEAN-UP."

REASONS AND PROCEDURE FOR REMOVAL OF CHILDREN FROM DAYCARE

THIS WILL BE DISCUSS IN THE DISCIPLINE POLICY AND BITING POLICY.
NONE PAYMENT OF CHILD CARE FEES WILL RESULT IN TERMINATION.

ARRIVAL AND DEPARTURE

A STAFF MEMBER WILL GREET PARENTS DAILY. PARENT OR ASSIGNED ADULT WILL SIGN CHILDREN IN AND OUT. ANYONE UNDER THE AGE OF 18 WILL NOT BE ALLOWED TO SIGN CHILDREN IN OR OUT (ARRIVAL AND DEPARTURE IN THE BACK)

RELAEASE OF CHILDREN

CHILDREN WILL NOT BE RELEASED TO ANYONE EXCEPT THOSE AUTHORIZED TO PICK UP THE CHILD ON THE ENROLLMENT FORM. IDENTIFICATION IS REQUIRED OF THAT AUTHORIZED WHO ARE UNFAMILIAR TO STAFF. IN THE EVENT YOU WISH ANOTHER ADULT TO PICK UP CHILD, IT WOULD REQUIRE THAT YOU CALL OR GIVE WRITTEN PERMISSION IN ADVANCE.

PROCEDURE IF A CHILD IS NOT PICKED UP AFTER CLOSING HOURS

IF A CHILD IIS NOT PICKED UP BY CLOSING TIME, THE PARENTS WILL BE NOTIFIED OR THE PARENTS EMERGENCY CONTACT NUMBER FOR THE CHILD TO BE PICKED UP. IF IN ANY SITUATION NO ONE CAN BE NOTIFIED THE CHILD CARE DIRECTOR WILL NOTIFY THE POLICE DEPT. AND CONTACT DHS. A CHILD CAN NOT EXCEED A 10 HOUR SHIFT AT ANY GIVEN TIME. AT LATE FEE OF \$5.00 WILL BE CHARGED AFTER THE FIRST 5 MIN. AND A \$1.00 WILL BE CHARGED FOR EACH ADDITIONAL MIN. THIS MUST BE PAID BEFORE THE CHILD RETURNS.

PUNISHMENT NOT ALLOWED IN THE CENTER

- 1. NO PHYSICAL ABUSE BY STAFF**
- 2. NO WITHDRAWAL OF FOOD**
- 3. NO SUBSTANCE IN THE MOUTH**
- 4. NO HITTING BY ANOTHER CHILD**

STAFF TRAINING ON DISCIPLINE ISSUES

- 1. PROFESSIONAL JOURNAL REGARDING DISCIPLINE**
- 2. DISCIPLINE CONFERENCE**
- 3. DISCIPLINE WORKSHOPS**
- 4. IN-SERVICE TRAINING ON DISCIPLINE**

Transportation Policy

Southside Educational Community Center does provide transportation from school and local field trips. Requirements for providing transportation is as followed:

- A. All drivers be appropriately licensed
- B. All vehicles have current safety inspection stickers, licenses, and registrations
- C. Insurance adequately covers the transportation of children
- D. Children board or leave the vehicle from the curb-side of the street and/or are safely accompanied to their destinations
- E. A parent is present if the child is delivered home
- F. Seat restraints are used
- G. All vehicles will be re-checked after all children leave the vehicle.



East Central Mississippi Chapter

Certificate of Completion

This certifies that

Reginald Rhone

Has successfully completed

8 hours, 00 minutes in,

Instructor
Adult, Infant & Child CPR with First Aid
and awarded 8 Contact Hours

Completed On 06/14/22

American Red Cross-East Central MS Chapter

Authorized Instructor

Tracy Jones