



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County DeSoto Date 8-4-2020
 Facility Name Skate Odyssey Horn Lake License Number 7098
 Purpose Renewal Inspection Capacity 150

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input checked="" 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>Rink-Sage-116 - CG 1</u>
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Other Items - Must be corrected
 Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ventilation adequate

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Glass approved and shielded

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Telephone on premises, available,
 and functioning

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Electrical outlets protected

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Large appliances located properly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sinks and toilets working properly

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Hot water at all sinks, not to
 exceed 120°

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
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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"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Center Director/Individual

Child Care Representative

White Copy - Facility File
 Mississippi State Department of Health

Yellow Copy - Facility Operator
 Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District I

Date 8-4-2020

Name	<u>Skate Odyssey HorwLake</u>		License No.	<u>7098</u>
Address	<u>4560 Goodman Rd HorwLake 38637</u>			
Center/Organization/Individual				
Purpose	<u>Renewal Inspection</u>		Director	<u>Lamesha Walker</u>
Mileage Start	<u> </u>		Mileage End	<u> </u>
County	<u>De Soto County</u>		Telephone No.	<u>662-253-0061</u>
Time In	<u>3:00</u>	Time Out	<u>4:00</u>	Total Time <u>1 hr</u>

Findings/Comments Met with Lamesha Walker to conduct a renewal inspection virtually. Mrs Walker walked the facility to show me things that regulations require. She showed the children, the kitchen, and records.

Mrs Walker stated she would email menus, fireforms, and contact hours by 8-15-2020.

Kitchen received an "A" with no violations.

All records are in compliance per Lamesha Walker's signed acknowledgment.

Class I + II Violations may result in monetary penalties. Repeated violations may result in doubling of monetary penalties, suspension or revocation of license!

VI
Center Director/Designee/Individual

Lina Shiban
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Skate Odyssey Horn Lake License No. 7098 Date 8-4-2020

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
<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)}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
<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}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
<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

[Signature]
 Child Care Representative

Mississippi State Department of Health
 White Copy - Facility File
 Yellow Copy - Operator

Revised 12-19-13

Form 289

Food Service Facility Inspection Results

PIMS ID 7098	Facility Name, Address Skate Odyssey of H.C. 4560 Goodman Rd Horn Lake MS	Date 8/4/2022
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No Violations.

Kitchen receives
an "A".

<input checked="" type="checkbox"/> 92020 Scheduled	<input checked="" type="checkbox"/> 92010 Permit No Charge
<input type="checkbox"/> 92030 Followup	<input type="checkbox"/> 92015 Permit 1 \$30.00
<input type="checkbox"/> 92040 Complaint	<input type="checkbox"/> 92011 Permit 2 \$100.00
<input type="checkbox"/> 92050 Consultation	<input type="checkbox"/> 92012 Permit 3 \$150.00
<input type="checkbox"/> 92070 Plan Review/Const.	<input type="checkbox"/> 92013 Permit 4 \$200.00
<input type="checkbox"/> 92080 No Inspection	
<input type="checkbox"/> 92090 Restaurant Training	

B. Taylor
Certified Manager

Sen Safe
Licence Number

Permit Date

Environmental Code

Please Remit within 10 days to:

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist

Child Care Licensure Playground Checklist

Center Name

JKOB Odyssey of Horn Lake

Inspection Date

8/4/2020

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1119(8) pg 60) In good repair, with no gaps? (Rule 1119(8) pg 60)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119(8) pg 60)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 2242 pg 9-10 & 43)
- ☒ ☒ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119(5) pg 59)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 2242(2) pg 10 & Rule 1111(4) pg 61)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 46)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 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 1119(5) pg 59)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35 pg 16)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 5339 pg 41)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 3.2 pg 14
252 pg 1 & 5381 pg 37)
- ☐ ☐ ☒ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 3364-5 pgs 34-35)
- ☒ ☐ ☒ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 & CPSC 5337 pg 36-37)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1102 pg 46
& CPSC 226 pg 6)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency
(Rule 1111(1) pg 6)
- ☒ ☒ ☐ 16 Is adequate shade present on the playground? (Rule 1119(7) pg 60 & CPSC 221 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 46 & CPSC 36 pg 16-17)
- ☐ ☐ ☒ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 255 pg 15)

Director

V I

Licensing Official

Sina Shaban