



MISSISSIPPI STATE DEPARTMENT OF HEALTH  
**Child Care Facility Inspection**

County Forrest Connie's Child Care  
321 S. 23<sup>rd</sup> Avenue, Hattiesburg, MS 39401  
601-544-0450 Lic. No.: 18RBPf-1299  
Director: Connie Chisolm

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

Purpose Mid year Capacity 20

**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.	<u>infant - 5 -</u>
2.	
3.	<u>2 - 9 -</u>
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"/>
<b>Building and Grounds</b>				
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 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"/>
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Connie Chisolm Child Care Representative Shanelle Benson



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 8Date 1.29.21

Name	Connie's Child Care	
Address	321 S. 23 <sup>rd</sup> Avenue, Hattiesburg, MS 39401	
	601-544-0450 Lic. No.: <b>18RBPF-1299</b>	
	Director: Connie Chisolm	
Purpose	<u>Mid year</u>	
Mileage Start	Mileage End	
County	<u>Forrest</u>	
	Telephone No.	
Time In	Time Out	Total Time
<u>10:00</u>	<u>10:45</u>	

Findings/Comments Mid year inspection conducted.  
All in compliance, no deficiencies observed.

Survey card given to director.

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

Connie Chisolm  
 Center Director/Designee/Individual

Shanetta Benson  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Connie's Child Care 321 S. 23 <sup>rd</sup> Avenue, Hattiesburg, MS 39401 601-544-0450 Lic. No.: <b>18RBPf-1299</b> Director: Connie Chisolm	Date 1.19.21
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations observed.	NA Facility issued an "A"
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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 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	Environmentalist Code 808
Please Remit within 10 days to:	

Connie Chisolm Tummy Set  
 Certified Manager Licence Number  
 exp Jan. 26, 2021

Facility Signature <i>Connie Chisolm</i>
Environmentalist Signature <i>Shanetha Bennett</i>

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



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

Inspection Date 1.19.21

- | YES                                 | NO                       | NA                                  |                                                                                                                                                                    |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), pg 48) In good repair with no gaps? (Rule 1.11.9 (3), pg 48)                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkway (CPSC 2.4.2.2-3, pg 10)                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 3)                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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 (3), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 3.3.9, pg 40)                                                                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg 3)                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 3.3.4-5 pgs 3)                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.3.1.2, pg 15)                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.3, pg 3)                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency _____ (Rule 1.11.11 (1), pg 1)                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)                                                                         |

Director Connie Chisolm

Licensing Official Shanika Bennett