



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

RAINBOW LEARNING CENTER

License #: 4450

Director: SHELIA SANDERS

Inspection Date: 06/29/2021

Annual/Mid Inspection

Inspector: Shenika Pratt

### Program Administration Violations Cited

1. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

#### Plan of Correction

1. **POC:** Lo observed two staff missing contact hours; Hours will be completed by due date July 15th. The director will submit to licensing the two staff missing contact hours.  
**Person Responsible:** Owner/director **Date for Completion:** July 15th
2. **POC:** The Lo observed three staff and two children missing current 121 forms. The director will have until July 13th to submit current 121's on both staff and children.  
**Person Responsible:** Owner/director **Date for Completion:** July 13th

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

## Infant Classroom Violations Cited

### Green - Classroom Number: 2

1. **COS:** Unused electrical outlets are covered by safety plug covers. (Rule 1.11.1 Page 52)
2. **Out of Compliance:** Infants are placed on firm mattresses covered by a fitted sheet, and no other items including pillows, blankets, sheepskins, bumpers, soft objects, stuffed toys, loose bedding, etc. is in the crib. (Rule 1.9.4 Page 42)

### Infant Classroom - Classroom Number: 2

1. **POC:** The Lo observed items such as pillows in the baby bed. The Lo provided T.A and pillows were removed from the beds. The director states that there will be no items in the beds.  
**Person Responsible:** Director/owner **Date for Completion:** 6-29-21

## Toddler Classroom Violations Cited

### Purple - Classroom Number: 3

1. **Out of Compliance:** Daily reports are made available for toddlers and include: liquid intake, child's disposition, bowel movements, and eating and sleeping patterns. (Rule 1.7.4 Page 35)
2. **Out of Compliance:** A proper diaper changing station is provided which includes: (a) hot & cold running water, (b) smooth, easily cleanable surface, (c) plastic, lined and covered garbage receptacle, (d) sanitizing & disinfecting solution. Handwashing sink is used only for handwashing. (Rule 1.16.1 Page 77)

### Toddler Classroom - Classroom Number: 3

1. **POC:** The Licensing observed 3 spray bottles : soapy, plain and bleach water) missing label. Lo provided TA on properly labeling and changing bottles daily to assure MSDH compliance. The director will assure all bottles are labeled and placed in the rooms daily for proper cleaning and sanitizing.  
**Person Responsible:** Owner/director **Date for Completion:** June 30

## Twos Classroom Violations Cited

### Red - Classroom Number: 5

No violations cited.

### Twos Classroom - Classroom Number: 5

## Preschool Classroom Violations Cited

### Orange - Classroom Number: 1

No violations cited.

### Preschool Classroom - Classroom Number: 1

### Yellow - Classroom Number: 4

No violations cited.

### Preschool Classroom - Classroom Number: 4

### Blue - Classroom Number: 6

No violations cited.

1. **POC:** The Licensing observed personal belongings touching those of another child. The caregiver stated that blankets are washed very often like 3 or 4 times a week as needed. The Lo recommends blankets being placed in cubby and cots sanitized daily to assure proper cleaning.

**Person Responsible:** Owner/director **Date for Completion:** June 30th

### **School Age Room Violations Cited**

Gym 9 (building 2) - Classroom Number: 7

No violations cited.

School Age Room - Classroom Number: 7

### **Legend**

- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

Handwritten signature of Sheila Sanders in black ink.

### **MSDH Licensure Representative Signature**

Handwritten signature of Shun Patel in black ink.