



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5  
001-853-7430Date 10/4/2014Name 45CFRM-2602  
MADISON UMC MMO/PRESCHOOLLicense No. 45CFRM-2602Address 100 POST OAK RD  
MADISON MS 391109

/Organization/Individual

Purpose 601-853-7436  
Midyear - Technical AssistDirector Gayle Hart, Brooks Lacey

Mileage Start \_\_\_\_\_

Mileage End \_\_\_\_\_

County MadisonTelephone No. 601-853-7436Time In 1:57pmTime Out 3:45pm

Total Time \_\_\_\_\_

Findings/Comments Upon arrival, MSDH licensing official Tonya Brager met with Gayle Hart, Director #1 and Brooks Lacey, Director Designee #1. The purpose of the visit, to complete a Midyear inspection, was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- MSDH staff observed the Lunch Bunch activities upon arrival.
- No critical violations were observed regarding the kitchen meal prep areas.
- Staff records: All staff records for the preschool program were compliant with MSDH regulatory guidelines.
- Childrens records: All observed child records were compliant with MSDH regulatory guidelines.
- A green survey card and MSDH contact card was provided to Director #1.

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

Gayle Hart  
Center Director/Designee/Individual

YB MCM CCF II  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County 45CFRM-2602  
 Facility Name MADISON UMC MMO/PRESCHOOL  
100 POST OAK RD  
MADISON MS 391109  
 Purpose 601.852.7426

Date 10/9/2019  
 License Number 45CFRM-2602  
 Capacity 174

## 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.	Lunch Bunch activities / dismissal
2.	* No preschoolers observed
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"/>
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 <u>0</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Dayle HayChild Care Representative [Signature] CCFI II

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

12-10-08

Form No. 281

# Food Service Facility Inspection Results

001-033-7430

PIMS ID

Facility Name, Address

45CFRM-2602  
MADISON UMC MMO/PRESCHOOL  
100 POST OAK RD  
MADISON MS 391109

Date

10/9/2019

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

- No critical violations were observed during the inspection.

- Letter grade "A" rec'd

☐ 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

TB, DS

Please Remit within 10 days to:

Gayle Hart  
Certified Manager  
(Wanda G. Hart)

Johnny Sade  
Licence Number  
Exp. 11/20/2019

Facility Signature

Gayle Hart

Environmental Signature

Johnny Sade  
MS-CF-11

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist

# Child Care Licensure Playground Checklist

45CFRM-2602

MADISON UMC MMO/PRESCHOOL

100 POST OAK RD

MADISON MS 391109

45CDRA-2657

MADISON UMC AFTER SCHOOL CARE

100 POST OAK RD

MADISON MS 391109

ion Date 10/1/2019

YF 501-853-7436

- ☒ ☐ ☐ 1. Playground fence less than 5 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☒ ☐ ☐ 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 13)
- ☒ ☐ ☐ 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, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 3)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 4)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Dayle Hart

Licensing Official

(Signature) CCPII