



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8

Date 12.15.20

Name _____ License No. _____

Address _____

Purpose Renewal Creative Kidz Wesley
205 Methodist Hospital Blvd, Hattiesburg,
MS 39401

Mileage Start _____ 601-268-5220 Lic. # 7299
Director: Tania Anderson

County Forrest Telephone No. _____

Time In 2:00p.m. Time Out 3:15p.m. Total Time _____

Findings/Comments Renewal inspection conducted.
No deficiencies were found during inspection

Please submit form 333 (Fire Form) and contact
hours to Licensing official when complete.

A survey card was given to the director

Awesome job! Keep up the great work!

Tania Anderson
 Center Director/Designee/Individual

Tyonna Vent
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Creative Kidz Wesley

205 Methodist Hospital Blvd, Hattiesburg,
MS 39401

601-268-5220 Lic. # 7299

Director: Tania Anderson

Program Review

License No. _____

Date

12.15.20

Facility Name _____

Yes No N/A

1. ☒ ☐ ☐ Policies and procedures (*Parent's Handbook*) {Rule 1.4.1}
2. ☒ ☐ ☐ 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. ☒ ☐ ☐ Approved arrival and departure procedures {Rule 1.4.1 (2)}
4. ☒ ☐ ☐ Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5. ☒ ☐ ☐ Attendance records for children and staff {Rule 1.6.3 (1)}
6. ☒ ☐ ☐ Current alphabetical roster of children (*includes date of birth*) {Rule 1.6.3 (2)}
7. ☒ ☐ ☐ Current staff roster (*includes date of birth & date of hire*) {Rule 1.6.3 (3)}
8. ☒ ☐ ☐ Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9. ☒ ☐ ☐ Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10. ☒ ☐ ☐ Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11. ☒ ☐ ☐ Personnel records (*attach employee's records form*) {Rule 1.6.4}
12. ☒ ☐ ☐ Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13. ☒ ☐ ☐ Children records (*attach children's records form*) {Rule 1.6.7}
14. ☐ ☐ ☒ Reports of serious occurrences made as required {Rule 1.7.1}
15. ☐ ☐ ☒ Communicable diseases reported as required {Rule 1.7.3}
16. ☒ ☐ ☐ Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17. ☒ ☐ ☐ Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18. ☒ ☐ ☐ Age appropriate program of activities posted in each room {Subchapter 9}
19. ☒ ☐ ☐ Required toys present in infant room {Rule 1.10.1 (2)}
20. ☒ ☐ ☐ Required toys present in toddler room {Rule 1.10.1 (3)}
21. ☒ ☐ ☐ Required toys present preschool room {Rule 1.10.1 (4)}
22. ☒ ☐ ☐ Licensed pest control contractor {Rule 1.11.14}
23. ☐ ☐ ☒ Pets present (*proof of immunization as required, signed by veterinarian*) {Rule 1.12.6}
24. ☒ ☐ ☐ Appropriate discipline policy followed {Subchapter 14}
25. ☒ ☐ ☐ Appropriate transportation policy followed {Subchapter 15}
26. ☒ ☐ ☐ Infant feeding schedules posted (*Appendix C, VII*)

Comments/Recommendations _____

☒ Pass - *Pending*
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

Tania Anderson
☐ Director ☐ Designee

Syronica Averett
 Child Care Representative



Creative Kidz Wesley
205 Methodist Hospital Blvd, Hattiesburg,
MS 39401
601-268-5220 Lic. # 7299
Director: Tania Anderson

HEALTH
Section

County Forrest Date 12.15.20
Facility Name _____ License Number _____
Purpose Renewal Capacity 80

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.	See encounter #2
3.	
4.	
5.	
6.	
7.	

	In	Out	COS	N/A
Other Items - Must be corrected				
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>3</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Tania Anderson Child Care Representative Sybrina Aweath



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Child Care Encounter Continuation)

Date 12.15.20

Facility Name _____ License No. _____

Room _____ Age _____ # _____ Teacher _____

Room #1 _____

Infant _____ Infants _____ 7 _____

Room 4 _____ 4's _____ 11 _____

Room 3 _____ 3's _____ 15 _____

Room 2 _____ 2's _____ 8 _____

Room 1 _____ 1's _____ 10 _____

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

Creative Kidz Wesley
205 Methodist Hospital Blvd, Hattiesburg,
MS 39401
601-268-5220 Lic. # 7299
Director: Tania Anderson

PIMS ID

Facility

Date

12.15.20

CRITICAL VIOLATIONS

No deficiencies observed

CORRECTION PLAN AND SCHEDULE

N/A

Facility Issued an
"A"

- ☒ 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

TAB

Please Remit within 10 days to:

Latina Taylor
Certified Manager
Expires 6/21/23

Tummy Safe
Licence Number

Facility Signature

Tania Anderson

Environmental Signature

Deborah A. Smith

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

Creative Kidz Play
205 Methodist Hospital Blvd, Hattiesburg,
MS 39401
601-268-5220 Lic. # 7299
Director: Tania Anderson

Inspection Date 12.15.20

Center Name _____

YES NO N/A

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-----|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Playground fence less than 3 1/2" 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 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (3), 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 2.4.2.2-5, 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, 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 1) |
| <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 3.6.4-5 pgs 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, 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 1.10.2, 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. (CPSC 2.5.5) |

Director _____

Licensing Official _____

Tyronia Avant