



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

| | |
|------------------------------|----------------------|
| County <u>Hinds</u> | Date <u>3.6.2020</u> |
| Facility Name _____ | License Number _____ |
| Purpose <u>Mid-year / TA</u> | Capacity <u>66</u> |

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>3/4yr. 7. CG1</u> |
| 2. | <u>1 1/2yr. 4. CG2</u> |
| 3. | <u>2yr. 9. CG3</u> |
| 4. | <u>Infants. 3. CG4</u> |
| 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

| | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playground equipment meets standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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>2</u>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual _____

Child Care Representative _____

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

SMART WONDERS CDC (DISTRICT V)

Date 3.6.2020

Name _____

3013 TERRY RD. Jackson, MS 39212

Address _____

Lic. 25CCPF-3443 P: 601-346-7221

Attn: Linda Rhymes

Purpose Mid-year/Requested Remeasurement

Director _____

Mileage Start _____

Mileage End _____

County Hinds

Telephone No. _____

Time In 8:20 a.m.

Time Out 10:49 a.m.

Total Time _____

Findings/Comments Upon arrival the LO(s) met with the director Linda Rhymes.

The purpose of this visit is to conduct a mid-year inspection, requested remeasurement, and to provide technical assistance with the facility.

During the walk-through of the playground the LO(s) observed the following:

Technical Assistance:

Rule 1.11.9 (8)

LO provided TA with the director on fencing needs to be repaired some areas needs to be placed back together.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

The director stated that she is going to place a gate up in two areas. The director is responsible for getting it corrected, the date of completion will be on Monday, April 6, 2020.

Class I II violations may result in a monetary penalty.

Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

Linda Rhymes
Center Director/Designee/Individual

Azalea Seeley
Child Care Representative
Kera Overman



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 3.6.2020

Facility Name _____ License No. _____

Rule: CPSC 3.4, 3.5
LO provided TA with the director on removing overgrowth off fence line.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

The director stated that she will be responsible for removing overgrowth off fence line, by Monday April 6, 2020.

Rule: 1.11.11(C)
LO provided TA the director on spray painting tripping hazards throughout the facility.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

The director stated that she will be responsible for spraying all tripping hazards with a loud color, by Monday, April 6, 2020.

LO(s) measured (1) classroom # due to renovation and (1) classroom # 6 due to add on to the facility. Facility max capacity was 46, now it is 66. LO will make changes in LAR's, facility will pay \$60 of difference license fee. LO will send facility their new license through email.

LO(s) left a green survey card with the director on today's visit.

Linda Rhymes
Center Director/Designee/Individual

Azela Ezein
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

SMART WONDERS CDC (DISTRICT V)
3013 TERRY RD. Jackson, MS 39212
Lic. 25CCPF-3443 P: 601-346-7221
Attn: Linda Rhymes

| | | |
|------------------------|----------------|-------------------------|
| PIMS ID 3443 | Facility Name, | Date 3.6.2020 |
|------------------------|----------------|-------------------------|

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

| | |
|---|---|
| <p><i>No critical violations cited on today's visit.</i></p> <p style="text-align: center; font-size: 2em;">A</p> | <p style="text-align: center; font-size: 2em;">NA</p> |
|---|---|

| | |
|---|--|
| <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 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 | Environmental Code TGS |
| Please Remit within 10 days to: | |

Kimberly Rhymes T/S 12.18.23
Certified Manager Licence Number

| |
|---|
| Facility Signature <i>Linda Rhymes</i> |
| Environmental Signature <i>Azaida Garcia</i> |

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

Child Care Licensure Playground Checklist

Center Name Smart Wonders

Inspection Date 3.6.2020

YES NO N/A

- ☐ ☒ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (5), pg 59)
- ☐ ☒ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 3)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
- ☐ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 3)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 61)
trip hazards
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 46)
- ☐ ☒ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Linda Rhymes

Licensing Official

Azelda C. Herrera