



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County JacksonDate May 21, 18Facility Name Divine Inspirations LLCLicense Number 7298Purpose Temp-to-Reg.Capacity 50**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	☒	☐	☐	☐
Proper staff to child ratio present	☒	☐	☐	☐
Room and playground capacity met	☒	☐	☐	☐
Center capacity met	☒	☐	☐	☐
License/complaint visible	☒	☐	☐	☐
Certified food manager	☒	☐	☐	☐

Sanitation Approved

Garbage and garbage bins maintained	☒	☐	☐	☐
Vector control maintained	☒	☐	☐	☐
Water system approved and functioning	☒	☐	☐	☐
Waste water system approved and functioning	☒	☐	☐	☐
Food service approved	☒	☐	☐	☐

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. <u>9</u>	\$ _____
3. <u>7</u>	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	<u>Tom # 277</u>
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	☒	☐	☐	☐
Evacuation plans posted	☒	☐	☐	☐
Menus posted and served	☒	☐	☐	☐
Plan of activities	☒	☐	☐	☐

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	☒	☐	☐	☐
Lighting approved	☒	☐	☐	☐
Heating/cooling approved	☒	☐	☐	☐
Ventilation adequate	☒	☐	☐	☐
Glass approved and shielded	☒	☐	☐	☐
Telephone on premises, available, and functioning	☒	☐	☐	☐
Electrical outlets protected	☒	☐	☐	☐
Large appliances located properly	☒	☐	☐	☐
Sinks and toilets working properly	☒	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☒	☐	☐	☐
Children barred from kitchen	☒	☐	☐	☐
Vending machine snacks meet nutritional guidelines, if present	☐	☐	☐	☒
Exits, doors and fastening devices single action approved and in good working order	☒	☐	☐	☐
Exits unobstructed	☒	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	☒	☐	☐	☐
First aid kits stocked and easily accessible	☐	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	☒	☐	☐	☐
Playground equipment meets standards	☒	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
Diaper changing stations adequate in number and each fully supplied (number _____)	☒	☐	☐	☐

Center Director/Individual

Jackie Conroy

Child Care Representative

Paula Smith

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 9Date May 21, 18

Name Dive Inspiration L.C. License No. 7298
 Address 3005 Holly St. Gautier, MS 39553
Center/Organization/Individual
 Purpose Temp-to-Reg. Director Jackie Conally
 Mileage Start _____ Mileage End _____
 County Jackson Telephone No. 228-497-3222
 Time In 8:50 Time Out 10:15 Total Time _____

Findings/Comments

Staff Records in compliance

Staff must complete 15 contact hours - 10 outside hours - 5 inhouse hours by January 31, 2019 -

Children Records - in compliance

T.A. provided on Rule 1.6.3 (8)

Building - no violation observed

Playground - no violation observed

T.A. provided on Rule Appendix D surfacing

Jackie Conally
 Center Director/Designee/Individual

Anna A. Walker
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Divine Inspirations LLC License No. 39553 Date May 21/18
7298

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

Gaëlle Conolly
☒ Director ☐ Designee

Anna O'Halloran
 Child Care Representative

Food Service Facility Inspection Results

PIMS ID <i>7298</i>	Facility Name, Address <i>Quinn's Restaurant & Bar</i>	Date <i>3-21-18</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<i>None</i>	<i>No Violations Observed</i> <i>(A)</i>
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☐ 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 <i>7-31-18</i>	Environmental Code <i>A-19</i>
Please Remit within 10 days to:	

Jackie Connelly
 Certified Manager

Theresa S. Gable
 Licence Number
2P 11 20-17

Facility Signature <i>Jackie Connelly</i>
Environmental Signature <i>Theresa S. Gable</i>

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