



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Madison Date 01/17/2020

Facility Name Wee Care Child Care Center License Number 45LPFSA-0659

Purpose Renewal - Technical Assistance Capacity 182

## 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. _____	\$ _____

## Rest period observed

	Age/Child/Staff Name
1.	4yr   13   Caregiver #1
2.	3yr   10   closed
3.	1yr   9   Caregiver #2
4.	1yr   9   Caregiver #3
5.	4/3yr   11   Caregiver #4, #5
6.	Infants   4   Caregiver #6
7.	Infants   10   Caregiver #7, #8
8.	Infants   2   Caregiver #9
9.	2yr   10   closed

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

10. 3yrs | 13 | Caregiver #10

11. 2yrs | 20 | Caregiver #11

## 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 (TA) ☒ ☐ ☐ ☐

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 (TA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120° (TA)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair (TA) Ptg #1, #2, #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>7</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 01/17/2020

Name	<u>Wee Care Child Care Center, Inc.</u>	License No.	<u>45CF PFSA-0659</u>
Address	<u>465 Lake Harbour Drive Ridgeland, MS 39157</u>		
Purpose	<u>Renewal- Technical Assistance</u>	Director	<u>Rhonda Hussum, Samatha Abrams</u>
Mileage Start		Mileage End	
County	<u>Madison</u>	Telephone No.	<u>601-853-2181, 601-906-6528</u>
Time In	<u>11:45am</u>	Time Out	<u>1:15pm</u>
		Total Time	

Findings/Comments Upon arrival, the MSDH licensing official met with Tanna Hill, Director #1. The purpose of the visit, to conduct a renewal inspection, was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds. An initial 30 days will be given to provide verification of repairs. Due 02/17/2020
- Technical assistance was provided regarding the use of soft lighting in the classrooms during rest periods, check all sinks regarding water temps (the delay in producing warm water, placement of thermometers in all areas, the repair of the ceiling area in the kitchen pantry area, and observed deficiencies for the playground areas (see the playground checklist).
- No critical violations regarding the facility Kitchen/meal prep areas.
- Staff records: The facility will have 14 days to provide verification of valid FBI LDS for 2 staff and Form 1211s for 3 staff (see Form 289) Due by 02/05/2020
- Children's: The facility will have 14 days to provide verification of valid Form 1211s for 3 children. (See Form 289) Due by 02/05/2020
- A green survey card and MSDH contact card was provided to Director #1
- Technical assistance provided, as needed. A follow-up visit will be conducted, as needed.

Class I and II Violations may result in a Monetary Penalty. Repeated Violations may result in the doubling of a Monetary Penalty, Suspension, or Revocation of the license

Tanna Hill  
Center Director/Designee/Individual

Dr. CF II  
Child Care Representative  
Jana Allen

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Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Wee Care Child Care Center, Inc. License No. #0659 Date \_\_\_\_\_

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures ( <i>Parent's Handbook</i> ) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted ( <i>Appendix C, VII</i> )

Comments/Recommendations Submit Fire Inspection Form, All  
Staff Contact hours, along with children and staff required  
documents.

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

James Hill  
☒ Director ☐ Designee

John Allen  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Wee Care Child Care Center, Inc. 465 Lake Harbour Dr. Hedgesland, MS 39157	Date 01/17/2020
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>- No critical violations were observed regarding the kitchen meal prep area.</p> <p>- Technical assistance provided regarding the ceiling damage located in the pantry/storage areas. (freezer location)</p> <p>- Letter grade "A" given with technical assistance.</p>	<p>- The facility will be given <u>30</u> days to provide verification of repairs to the notated ceiling area. Due by 02/17/2020.</p>
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<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 TB, DS
Please Remit within 10 days to:	

Amanda Stovall Tommy Sate  
 Certified Manager Licence Number  
 Exp. 02/15/2024

Facility Signature <u>Jamie Hall</u>
Environmental Signature <u>JB</u> CC FZ 11

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

Playground #1, Playground #2, Playground #3  
(Infant)

## Child Care Licensure Playground Checklist

Center Name Wee Care Child Care Center, Inc  
#0659

Inspection Date 01/17/2020

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)  
The facility will be required to replace the surfacing for playgrounds #1, #2
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) standing water may be present due to recent rains
6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)  
Observed deterioration of matting on slide stairs (playground #1)
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 37)
12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pgs 34-37)
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 & CPSC 2.2.6, pg)
15. Is playground area clean & free of hazards? If not, state deficiency.  
Recommendation for general maintenance and cleaning of playground area for play #1, play #2, play #3 (removal of trash items, and covering of possible tripping hazards)
16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg)
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. (CI 2.5.5, pg 15) Recommendation to tap down exposed metal tubs.

Director Jennifer Hill

Licensing Official [Signature]

6. Observed cracked equipment parts on playground #3 (Infant). IA was provided to Director #1