

# MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County galson		Date ( ) an. 7, 202	1				
Facility Name Quine Inspuration License Number 7248							
Purpose Renewal Capacity 50							
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities		Out	COS	N/A	
Room and playground capacity met Center capacity met License/complaint visible Certified food manager		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	<b>₽</b>				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,	विविवा				
Waste water system approved	7000	and functioning					
and functioning Food service approved  Possible Monetary Penalty		Electrical outlets protected Large appliances located properly Sinks and toilets working properly					
1.	Monetary Penalty \$	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet					
3.	\$ \$	nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good	<b>₽</b>				
4	\$	working order					
5Age/Child/Staf		Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and					
1. Christia P.	10 3-5 yr	in good working order					
2. Callaren Sm.	5 0-1 yx	First aid kits stocked and easily accessible Playground area clean, shaded, well	e <b>E</b>		Ш		
4. Marking	8 2 yrs	drained and equipped and fence in good repair	Ø				
5.		Playground equipment meets standards	V				
6. <sub>7</sub>		Pool area clean, fenced, and adequately maintained					
Center Director/Individual	relic Cons Co	Diaper changing stations adequate in number and each fully supplied (number)  Child Care Representative	9			Z.	
White Copy - Facility File Yellow Copy - Facility Operator							
Mississippi State Department of Health		0-08		Fo	orm No.	. 281	



District_	7	Date 2an 7,21
Name_£	Oivrie Inspiration of License No. 720	78
Address_	3005 Holly St. Gautier 39553 Center/Organization/Individual	
1	Renewal Director Jackie	Coneug
Mileage	Start Mileage End	
County_	Jackson Telephone No. 228 - 49	7-3222
Time In	/0:30 Time Out Total Tim	ne
Findings	s/Comments	
Pla	yground. No Wolation OBeron	
Buch	my - No Vilation Observer	
	ng 110 y venosia greata	
Kitch	Ren "A".	
Step	D. Lecau - In compliance	
X	FYI One employee ROS will expire	4-14-21 (Rame
fro	manother center ) One employee for wil	1 enjure 5.23.21
One	employed of os well enpue 3.30-21	
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Ku	cense is ready to print	
Center	Director/Designec/Individual Child Care Representative	White Copy - Facility File Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Program Review**

Yes No N/A    Policies and procedures (Parent's Handbook) {Rule 1.4.1}   Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}   Approved arrival and departure procedures (Rule 1.6.4 (1) (f)}   Approved arrival and departure procedures (Rule 1.6.3 (1))   Attendance records for children and staff {Rule 1.6.3 (1)}   Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (3)}   Monthly records of fire/disaster drills (Rule 1.6.3 (5))   Monthly records of fire/disaster drills (Rule 1.6.3 (5))   Monthly records of fire/disaster drills (Rule 1.6.3 (8))   Monthly records (attach employee's records form) {Rule 1.6.4}   Personnel records (attach employee's records form) {Rule 1.6.4}   Personnel records (attach employee's records form) {Rule 1.6.7}   Children records (attach employee's records form) {Rule 1.6.7}   Reports of serious occurences made as required (Rule 1.7.1)   Reports of serious occurences made as required (Rule 1.7.1)   Communicable diseases reported as required (Rule 1.7.3)   Age appropriate program of activities posted in each room {Subchapter 9}   Required toys present in infant room {Rule 1.10.1 (2)}   Required toys present in infant room {Rule 1.10.1 (2)}   Required toys present preschool room {Rule 1.10.1 (3)}   Required toys present preschool room {Rule 1.10.1 (4)}   Required toys present preschool contractor {Rule 1.11.14}   Appropriate transportation policy followed (Subchapter 14)   Appropriate transportation policy followed (Subchapter 15)   Infant feeding schedules posted (Appendix C, VII)   Comments/Recommendations	Facility Name Ourse Onsperuline License No. 7298 Date Quan 721							
Yes No N/A    Policies and procedures (Parent's Handbook) {Rule 1.4.1}   Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}   Approved arrival and departure procedures ;Rule 1.6.4 (1) (f)}   Approved arrival and departure procedures ;Rule 1.6.3 (1)}   Approved arrival and staff {Rule 1.6.3 (1)}   Approved arrival and departure procedures ;Rule 1.6.3 (1)}   Approved arrival and staff {Rule 1.6.4 (1)}   Approved arrival and staff {Rule 1.7.1}   Approved arrival and staff {Rule 1.10.1 (2)}   Approved arrival arrival and staff {Rule 1.10.1 (2)}   Approved arrival arrival arri	Facility Name Ourine Onsperuline License No. 7298 Date On 721							
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insurance is in effect {Rule 1.4.1 (i) & (j)}  Approved arrival and departure procedures {Rule 1.6.4 (1) (f)}  Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  Attendance records for children and staff {Rule 1.6.3 (1)}  Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  Monthly records of fire/disaster drills {Rule 1.6.3 (6)}  Monthly records of fire/disaster drills {Rule 1.6.3 (8)}  Immunization Records for Children and Staff {Rule 1.6.3 (8)}  Personnel records (attach employee's records form) {Rule 1.6.4}  Children records (attach employee's records form) {Rule 1.6.7}  Reports of serious occurences made as required {Rule 1.7.1}  Communicable diseases reported as required {Rule 1.7.3}  Reports of serious occurences made as required {Rule 1.7.3}  Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}  Age appropriate program of activities posted in each room {Subchapter 9}  Required toys present in indalt room {Rule 1.10.1 (2)}  Required toys present in indalt room {Rule 1.10.1 (3)}  Required toys present in toddler room {Rule 1.10.1 (4)}  Licensed pest control contractor {Rule 1.11.14}  Licensed pest control contractor {Rule 1.11.16}  Appropriate discipline policy followed {Subchapter 15}  Infant feeding schedules posted (Appendix C, VII)  Comments/Recommendations								
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12.	10.							
13.  Children records (attach children's records form) {Rule 1.6.7}  14.  Children's records (attach children's records form) {Rule 1.7.1}  15.  Children's record serious occurences made as required {Rule 1.7.1}  16.  Children's reports provided to parents for infants and toddlers {Rule 1.7.4}  17.  Children's record recor	11. Personnel records (attach employee's records form) {Rule 1.6.4}							
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17.								
18.								
19.								
20.  Required toys present in toddler room {Rule 1.10.1 (3)} 21.  Required toys present preschool room {Rule 1.10.1 (4)} 22.  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	, 511116							
21.								
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23.								
24.	TATACA POWERED DESCRIPTION PROTECTION PROTECTION							
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	Pass –							
License to be issued: Regular Probational Restricted								
Fail								
Follow-up within days walker within								
Director Designee Child Care Representative								

# **Food Service Facility Inspection Results**

PIMS ID	Facility Name, Address	Date		
7298	Divin Onna	noting de 1-3721		
CRITICAL	/IOLATIONS	CORRECTION PLAN AND SCHEDULE		
		Mo Wweakone Observed AD		
<b>X</b>				
□ 92020 Scheduled □ 92030 Followup □ 92040 Complaint □ 92050 Consultation □ 92070 Plan Review/Const. □ 92080 No Inspection □ 92090 Restaurant Training Permit Date □ 3 - 7 ) Please Remit within 10 days to	□ 92010 Permit No Charge □ 92015 Permit 1 \$30.00 □ 92011 Permit 2 \$100.00 □ 92012 Permit 3 \$150.00 □ 92013 Permit 4 \$200.00  Environmentalist Code	Certified Manager  Licence Number  Environmentalist Signature  White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist		