Mississippi State Department of Health

## Child Care Facility Inspection Report

CENTREVILLE LITTLE ANGELS DAYCARE CENTER
License \#: 4879
Director: MICHELLE SINGLETON
Inspection Date: 06/12/2023
Annual/Mid Inspection
Inspector: Amanda Smith

## Program Administration Violations Cited

No violations cited.

## Plan of Correction

1. POC: Technical assistance was provided on renewal documents needed: -Fire Form \#333 -Renewal Application \& Fee
Person Responsible: Owner Date for Completion: 8/31/23
Kitchen Violations Cited

No violations cited.

## Nutritional Guidelines Violations Cited

1. Out of Compliance: Is there a medical prescription from the child's physician stating that the special diet is medically necessary?
2. Out of Compliance: Information required for dietary modifications shall include: Child's full name and date of instructions, updated annually; Any dietary restrictions based on the special needs; Any special feeding or eating utensils; Any foods to be omitted from the diet and any foods to be substituted; Limitations of life activities; Any other pertinent special needs information; What, if anything, needs to be done if the child is exposed to restricted foods?

## Plan of Correction

1. POC: Technical Assistance was provided: Children who have food allergies should have a medical prescription on file at the facility from child's the physician stating the special diet.
Person Responsible: Owner Date for Completion: 6/15/23

## Infant Classroom Violations Cited

Infant - Classroom Number: 3
No violations cited.
Infant Classroom - Classroom Number: 3

## Twos Classroom Violations Cited

2-4 Year Old - Classroom Number: 1

1. COS: Unused electrical outlets are covered by safety plug covers. (Rule 1.11.1 Page 52)

Twos Classroom - Classroom Number: 1
School Age Room Violations Cited
School Age - Classroom Number: 2
No violations cited.

School Age Room - Classroom Number: 2

## Legend

- COS: Corrected on Site
- POC: Plan of Correction


## Child Care Director Signature

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## MSDH Licensure Representative Signature



