



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Hancock Date 12-19-17

Facility Name Hancock County CDC License Number 4975

Purpose \_\_\_\_\_ Capacity \_\_\_\_\_

## All Items In Red Are Critical

Qualified director present  
Proper staff to child ratio present  
Room and playground capacity met  
Center capacity met  
License/complaint visible  
Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

## Other Items - Must be corrected

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 \_\_\_\_\_) ☒ ☐ ☐ ☐

Child Care Representative [Signature]

Center Director/Individual [Signature]

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 9

Date \_\_\_\_\_

Name	<u>Hancock County CDC</u>	License No.	<u>4975</u>
Address	<u>9930 Hwy 603 Bay St. Louis, MS</u>		
Purpose	<u>Renewal</u>	Director	<u>Bliss Acher</u>
Mileage Start		Mileage End	
County	<u>Hancock</u>	Telephone No.	<u>228-467-8050</u>
Time In	<u>1:00</u>	Time Out	<u>3:30</u>
		Total Time	

## Findings/Comments

Building: no violations observed during this inspection

Staff Records: In compliance

Childrens Records: In compliance

Kitchen: Passed no critical violations observed

Playground: Passed - no violations observed

Technical Assistance provided on documenting fire drills

Please send proof of fire drill (under 2 mins) by ~~Dec 31~~ 12-31-17

For Renewal:

1. Application
2. Fire form
3. 2 week cycle of menus
4. Record of staff contact hours for: Bliss Acher  
Tia Shiana Harvey, Courtney Perrault, Judy Bedlo
5. Proof of fire drill completed in under 2 min  
by Dec. 31, 2017.

Ami M. McDaniel  
Center Director/Designee/Individual

Amanda K. Smith  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

Hancock County CDC

License No.

4975

Date

12-19-17

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policies and procedures (<i>Parent's Handbook</i>)</b> {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 type="checkbox"/>	<b>Medication record with date, time, signature for 90 days</b> {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"/>	<b>Personnel records</b> ( <i>attach employee's records form</i> ) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Children records</b> ( <i>attach children's records form</i> ) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Communicable diseases reported as required</b> {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"/>	<b>Staff present who hold valid CPR and First Aid Certification</b> {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<b>Appropriate discipline policy followed</b> {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appropriate transportation policy followed</b> {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted ( <i>Appendix C, VII</i> )

## Comments/Recommendations

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

  
Child Care Representative



# Food Service Facility Inspection Results

PIMS ID 4975	Facility Name, Address Harcode County GDX-17	Date 12-19-17
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CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
<p>4975</p> <p>no critical violations observed</p> <p>Pass</p> <p>1100</p>	<p>Harcode County HRM</p> <p>"A"</p> <p>3:30</p> <p>Amanda K. Smith</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 DD8
Please Remit within 10 days to:	

Certified Manager	4975 Licence Number
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Facility Signature Amanda M. Duncanson
Environmental Signature Amanda K. Smith

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