



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 2.4.21

Name	<u>Lil' Teknon Learning Center</u>	License No.	<u>#5748</u>
Address	<u>125 W 8th St. Hattiesburg, MS 39401</u>		
	<i>Center/Organization/Individual</i>		
Purpose	<u>Renewal</u>	Director	<u>Alisha Watts</u>
Mileage Start		Mileage End	
County	<u>Forrest</u>	Telephone No.	
Time In	<u>10:45 a.m.</u>	Time Out	<u>12:05 p.m.</u>
		Total Time	

Findings/Comments Renewal Inspection Conducted

TA was provided on appendix D, inadequate surfacing on playground. Director agree to add more surfacing by Feb 22. A follow-up will be conducted.

Please pay license fee before 3/31.

A survey card was given to Mrs. Watts.

"Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of monetary penalty, suspension or revocation of the license."

Alisha Watts
Center Director/Designee/Individual

Jaymonica Avel
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County _____	Lil' Teknon Learning Center	Date <u>2.4.21</u>
Facility Name _____	125 W 8 th St., Hattiesburg, MS 39401	License Number _____
Purpose _____	601-336-7497 Lic. # 5748	
	Director: Alisa Watts	

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. _____	\$ _____

	Age/Child/Staff Name
1.	3yrs - 5
2.	
3.	5yrs - 5
4.	
5.	
6.	
7.	

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

Center Director/Individual Alisa Watts

Child Care Representative _____

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



Lil' Teknon Learning Center
125 W 8th St., Hattiesburg, MS 39401
601-336-7497 Lic. # 5748
Director: Alisa Watts

OF HEALTH

1 Review

Facility Name _____

To _____ Date 2.4.21

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (<i>includes date of birth & date of hire</i>) {Rule 1.6.3 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
<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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
<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}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations _____

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

Alisa Watts
☒ Director ☐ Designee

Symonica A. Smith
 Child Care Representative

Center Name _____

Inspection Date 2.4.21

YES	NO	NA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	Playground fence less than 3 ft from surface. (Rule 1.11.9 (3), pg 48) In good repair with no gaps? (Rule 1.11.9 (3), pg 48)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	No standing water present on playground or in/on playground equipment or walkway? (CPSC 2.4.2.2-5, pg 10)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.5, pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 47)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	Are use zones adequate? If not, where are they inadequate? (CPSC 3.3.9, pg 40)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.	If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.5.4-5 pg 3)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)

Director Alisa Watts

Licensing Official Jyonna Avonett