



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HindsDate 9/9/19Facility Name Prep Company Tutorial School - NorthLicense Number 25CFPFA-0664Purpose Renewal Inspection/TA Capacity 183**All Items In Red Are Critical**

|                                     | In                                  | Out                                 | COS                      | N/A                      |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Qualified director present          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper staff to child ratio present | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room and playground capacity met    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Center capacity met                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| License/complaint visible           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified food manager              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Sanitation Approved**

|   | In                                  | Out                                 | COS                      | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Garbage and garbage bins maintained         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vector control maintained                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water system approved and functioning       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste water system approved and functioning | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food service approved                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Possible Monetary Penalty**

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

**Other Items - Must be corrected**

|  | In                                  | Out                                 | COS                      | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Children's belongings separated/stored | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuation plans posted                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Menus posted and served                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan of activities                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Building and Grounds**

|   | In                                  | Out                                 | COS                      | N/A                                 |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Walls, ceilings, floors, toys, equipment clean and in good repair   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Lighting approved   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Heating/cooling approved  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ventilation adequate  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Glass approved and shielded   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Telephone on premises, available, and functioning   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Electrical outlets protected  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Large appliances located properly   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sinks and toilets working properly  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hot water at all sinks, not to exceed 120°  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Children barred from kitchen  | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Exits unobstructed  | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| First aid kits stocked and easily accessible  | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Playground equipment meets standards  | <input checked="" type="checkbox"/> | <input checked="" 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 <u>3</u> )  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Center Director/Individual J. RatliffChild Care Representative DeWise RoseWhite 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 5Date 9/9/19

|               |   |                    |                         |                       |
|---------------|---|--------------------|-------------------------|-----------------------|
| Name          | <u>Prep Company Tutorial School-North</u>     |                    | License No.             | <u>25CFPFA-0664</u>   |
| Address       | <u>5332 North State St. Jackson, MS 39206</u> |                    |                         |                       |
| Purpose       | <u>Renewal Inspection/TA</u>                  | Alternate Director | <u>Jennifer Ratliff</u> |                       |
| Mileage Start | <u>N/A</u>                                    | Mileage End        | <u>N/A</u>              |                       |
| County        | <u>Hinds</u>                                  | Telephone No.      | <u>601-362-4653</u>     |                       |
| Time In       | <u>12:47pm</u>                                | Time Out           | <u>4:30pm</u>           | Total Time <u>N/A</u> |

Findings/Comments Upon arrival licensing official Denise Love met with the Alternate Director Jennifer Ratliff, after asking for the director Nora Carpenter and being told that she is no longer employed at this facility, and stated the purpose of my visit, ~~after identifying myself~~. The owner Mrs. Deloris Suel was also at the facility.

Subchapter 11: Building and Grounds

Deficiency:

Rule 1.11.5 (5) states in part, "Toilets, urinals, hand washing laboratories, and sinks shall be clean and operational."

Finding: During the tour of the facility LO observed 2 toilets with "out of order" signs on them, in the girls bathroom close to the kitchen.

When asked was a work order completed on the non-functional toilets the owner stated since they weren't at the maximum capacity and they have another functional bathroom with 4 toilets and 2 in the bathroom in question do she have to get the toilets fixed. According to Regulation.

Subchapter 11: Building and Grounds Rule 1.11.5 (5) it has to be fixed.

T.A. provided on replacing torn and worn diaper pads, in the infant and 2 year olds classrooms. The owner stated she is already in the process of ordering new diaper pads.

J. Ratliff  
Center Director/Designee/Individual

Denise Love  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 9/9/19

Facility Name Prep Company Tutorial School-North License No. 25CFPFA-0664

See Playground Checklist about the need for more surfacing under the slide. This is only a recommendation.

There were no critical violations in the Kitchen.

There were no critical violations in the Facility.

A green survey card was left with the Alt. Director.

IF you have any questions please contact Denise Love at 601-364-2827 or email [denise.love@healthymiss.com](mailto:denise.love@healthymiss.com). Fax # 601-364-5058.

A <sup>copy of the</sup> pest control bill, 2 weeks cycle of menus, copy of a staff and student roster, were received, by LD. and an updated <sup>parent</sup> handbook

Please see Child Care Program Review for items needed.

One staff 121 Form expired 2/20/19. Present

One student 121 is on the wrong form, present Cop. <sup>Copies of both within 14 days</sup>

"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.

J. Rattigan  
Center Director/Designee/Individual

Denise Love  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

Prep Company Tutorial  
School - North

License No.

0664

Date

9/9/19

| Yes                                 | No                                  | N/A                                 |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Policies and procedures (Parent's Handbook) {Rule 1.4.1}   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} <i>owner will fax copy when she gets.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. 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"/>            | 5. Attendance records for children and staff {Rule 1.6.3 (1)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 6. Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 7. Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 9. Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} <i>T.A. provided</i>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 10. Immunization Records for Children and Staff {Rule 1.6.3 (8)} <i>T.A. provided.</i>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 11. Personnel records (attach employee's records form) {Rule 1.6.4}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 13. Children records (attach children's records form) {Rule 1.6.7}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14. Reports of serious occurrences made as required {Rule 1.7.1}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 15. Communicable diseases reported as required {Rule 1.7.3}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 17. 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"/>            | 18. Age appropriate program of activities posted in each room {Subchapter 9}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 19. Required toys present in infant room {Rule 1.10.1 (2)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 20. Required toys present in toddler room {Rule 1.10.1 (3)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 21. Required toys present preschool room {Rule 1.10.1 (4)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 22. Licensed pest control contractor {Rule 1.11.14}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 23. Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 24. Appropriate discipline policy followed {Subchapter 14}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 25. Appropriate transportation policy followed {Subchapter 15}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 26. Infant feeding schedules posted (Appendix C, VII)   |

Comments/Recommendations *Current zoning letter, Proof of transportation insurance, Fire inspection report or #333 Form, Copy of Liability insurance, and staff contacts (15).*

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

*J. Ratliff*  
☒ Director ☐ Designee  
*Altavate*

*Denise Bone*  
*J. Ratliff* OS  
 Child Care Representative

# Food Service Facility Inspection Results

|                        |   |                       |
|------------------------|---|-----------------------|
| PIMS ID<br><b>0664</b> | Facility Name, Address<br><b>Prep Company Tutorial School - North 5332 N. State St. Jackson, MS</b> | Date<br><b>9/9/19</b> |
|------------------------|---|-----------------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

**No Critical Violations noted.**

**Facility received letter grade "A"**

|   |  |
|---|--|
| <input type="checkbox"/> 92020 Scheduled<br><input type="checkbox"/> 92030 Followup<br><input type="checkbox"/> 92040 Complaint<br><input type="checkbox"/> 92050 Consultation<br><input type="checkbox"/> 92070 Plan Review/Const.<br><input type="checkbox"/> 92080 No Inspection<br><input type="checkbox"/> 92090 Restaurant Training | <input type="checkbox"/> 92010 Permit No Charge<br><input type="checkbox"/> 92015 Permit 1 \$30.00<br><input type="checkbox"/> 92011 Permit 2 \$100.00<br><input type="checkbox"/> 92012 Permit 3 \$150.00<br><input type="checkbox"/> 92013 Permit 4 \$200.00 |
| Permit Date   | Environmental Code   |
| Please Remit within 10 days to:   |  |

**Deloris G. Suel** **Tummy Safe**  
 Certified Manager Licence Number  
**Exp: February 10, 2022**

|   |
|---|
| Facility Signature<br><b>J. Katt</b>          |
| Environmental Signature<br><b>Debbie Hise</b> |

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

# Child Care Licensure Playground Checklist

Center Name Prep Company Tutorial School-North Inspection Date 9/9/19

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)  
Need more surfacing or distribute more under slide.
- ☒ ☐ ☐ 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) No standing water present
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☐ ☐ ☒ 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  
No Swings Present. (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 3)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pg 3)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)  
No spring rockers present.
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, & CPSC 2.2.6, pg 3)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 60 & CPSC 2.1.1, pg 4)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 4)
- ☒ ☐ ☐ 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. (Rule 2.5.5, pg 15)

Director J Rattliff

Licensing Official Denise Bone