



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ClarkeDate 01/16/2020Facility Name Small HandsLicense Number 7495Purpose Mid-YearCapacity 58

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.	
2.	
3.	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input 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 <u>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 01/16/2020

Name <u>Small Hands Academy</u>	License No. <u>7495</u>
Address <u>120 Napp Street</u>	<u>Quitman, MS</u>
Center/Organization/Individual	
Purpose <u>Mid-year</u>	Director <u>Carla Goodwin</u>
Mileage Start _____	Mileage End _____
County <u>Clarke</u>	Telephone No. <u>601 307 2426</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments

The licensing official came to conduct Mid-year inspection. The licensing official was greeted by Carla Goodwin, Director.

No violations observed during this inspection.

A survey was given to director

Carla Goodwin
Center Director/Designee/Individual

Lakisha Everett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 7495	Facility Name, Address Small Hands Academy 120 Napp St Quitman, MS	Date 01/16/2020
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No violations observed during this inspection.

A

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

Please Remit within 10 days to:

Carla Goodwin

Certified Manager

Turnmy Safe

Licence Number

Expires
9/11/2022

Facility Signature

Environmental Signature

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

Child Care Licensure Playground Checklist

Center Name Small Hands Academy Inspection Date 01/16/2020

YES NO N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair, with no gaps? (Rule 1119 (8) pg 48) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg8) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2422-5, pg 10) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15) |
| <input 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 1119 (5) pg 47) |
| <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Are use zones adequate? If not, where are they inadequate? (CPSC 539, pg 40) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 | If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 32, pg 13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 5364-5 pgs 34-35) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1102, pg 36) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | Is playground area clean & free of hazards? If not, state deficiency
(Rule 11111 (1) pg 49) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | Is adequate shade present on the playground? (CPSC 211 pg 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 255) |

Director _____ Licensing Official _____

Due to inclement weather playground inspection was not conducted.