

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Harrison	County Harrison Date 2-11-19					
Facility Name Little Tee Pee License Number 4466						
Purpose Mid- Year	Ca	pacity5				
All Items In Red Are Critical Qualified director present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out	COS	N/A	
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair				
Certified food manager Sanitation Approved Garbage and garbage bins maintained Vector control maintained		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded				
Water system approved and functioning Waste water system approved		Telephone on premises, available, and functioning				
and functioning Food service approved		Electrical outlets protected Large appliances located properly Sinks and toilets working properly				
Possible Monetary Penalty	Monetary Penalty	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				
	11	in good working order First aid kits stocked and easily accessible				
	16	Playground area clean, shaded, well			Ш	
	10	drained and equipped and fence in good repair	e o			
		Playground equipment meets standards				
- T		Pool area clean, fenced, and adequately maintained				
7A	1. A.b.	Diaper changing stations adequate in number and each fully supplied (number)				
Center Director/Individual Child Care Representative Child Care Representative						
White Copy - Facility File Yellow Copy - Facility Operator Mississippi State Department of Health 12-10-08 Form No. 281				. 281		

Form No. 287



Child Care Encounter

4	illid Care Elicountei	Date $\sqrt{-1/-19}$
Name Little Tee Pee	License No. 44	
	Center/Organization/Individual	<u> </u>
Purpose Mid-Year	Director Tracy K	ushing
Mileage Start	Mileage End	J
County Harrison	Telephone No. 218-37	4-6924
Time In Time Ou	ut Total Time_	. = <u></u> v
Findings/Comments		
Espon arrival, met,	with the center design	u Judy Jackson.
Building - No violation	a observed during i	nspection
		1 00.00
Bounds - Staff and C		
Plangraund - Ste	playment is in to ismelt with new item of acceptable to child	he process
of replacing old equ	ignest with now item	A. Ot this time.
~ \ ' · ·		
* Please submit in	uniting a saturated t	ine of completion
I blear email the I	ent will be removed.	from the
playpound:		
1 1,		7
at a later date.	be conducted on t	he playgrand
	4 6 1	
Center Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health