Mississippi State Department of Health

## Child Care Facility Inspection Report

KINDERDOMES DAYCARE<br>License \#: 0979<br>Director: JANE TAYLOR<br>\section*{Program Administration Violations Cited}

Inspection Date: 11/05/2021
Annual/Mid Inspection
Inspector: Miski Brown

1. Out of Compliance: All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

## Plan of Correction

1. POC: The director/owner will be responsible for ensuring that all children have an up- to-date 121 form. During the facility review the licencing offical observed one child without 121 form. Children with out a 121 form can not attend the faclity.Please submit a 121 form within 14 days to the licensing offical.
Person Responsible: Jane Taylor Date for Completion: 14

## Kitchen Violations Cited

1. COS: Gloves are used properly at all times. (FC 3-304.15)
2. COS: Adequate hand washing facilities are supplied and accessible (e.g., hot and cold running water, soap, paper towels or single use hand towels). (FC 5-203.11, 5-204.11, 5-205.11, 6-301.11, 6-301.12, 6-301.13, 6-301.14 \& 6-501.18)

# Nutritional Guidelines Violations Cited 

No violations cited.

## Playground Violations Cited

No violations cited.

Classroom \# 1 - Classroom Number: 1
No violations cited.
Infant Classroom - Classroom Number: 1
Twos Classroom Violations Cited

Class room \# 2 - Classroom Number: 2
No violations cited.
Twos Classroom - Classroom Number: 2

## Preschool Classroom Violations Cited

class room \# 3 - Classroom Number: 3
No violations cited.
Preschool Classroom - Classroom Number: 3

## Legend

- COS: Corrected on Site
- POC: Plan of Correction


## Child Care Director Signature



## MSDH Licensure Representative Signature



