



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County NeshobaDate 6-2-21Facility Name Pearl River Day CareLicense Number 0982Purpose Mid yearCapacity 174**All Items In Red Are Critical**

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 <u>9</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Jessica Hugg

Child Care Representative

Mia Brown

White 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 6Date 6-2-21

Name <u>Pearl River Day Care</u>	License No. <u>0982</u>
Address <u>482 Owsuwood Road Philadelphia Mo</u> Center/Organization/Individual	
Purpose <u>Mid-year</u>	Director <u>Jessica Henry</u>
Mileage Start _____	Mileage End _____
County <u>Neshoba</u>	Telephone No. <u>601-806-9221</u>
Time In _____	Time Out _____ Total Time _____

Findings/Comments During the facility review no violations were found.

During the record review two children were without 121 children with 121 may not be in the facility. Please send with in 14 days

Jessica Henry
Center Director/Designee/Individual

Min. Brien
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Center Name

Pearl River Day Care

Inspection Date

6-2-21

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 8)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 32 pg 13)
- ☐ ☐ ☒ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 536 4-5 pgs 34-35)
- ☒ ☐ ☐ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 pg 15)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1102 pg 36)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency
(Rule 1111 (1) pg 49)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated (CPSC 253)

Director

Jasmin Hurry

Licensing Official

Mil. Brown

Food Service Facility Inspection Results

PIMS ID 6-2-21	Facility Name, Address Pearl River Day Care	Date 5-2-21
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No violation during this inspection

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

Kevin Allen **15120863**
 Certified Manager Licence Number
Serv. Safe

Facility Signature Gessner Huey
Environmental Signature Min. Bacon

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