



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>DeSoto</u>	Date <u>9-15-22</u>
Facility Name <u>Little Peoples Learning Barn</u>	License Number <u>4674</u>
Purpose <u>Mid Year</u>	Capacity <u>147</u>

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

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. _____	\$ _____

	Age/Child/Staff Name
1.	RM 101 - 5 Inf/1 8. RM 100 - 7-4yr/6
2.	RM 102 - 4 Inf/2
3.	RM 103 - 9 1yr/3+4 9. RM 108 - 7-4yr/7
4.	RM 104 - 12-2yr/5
5.	RM 105 - 10-1yr/10+11 10. RM 111 - -
6.	RM 106 - 10 2yr/9
7.	RM 107 - 9-3yr/8

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

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

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Care Representative

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 9-15-22

Name	<u>Little People's Learning Barn</u>	License No.	<u>4676</u>
Address	<u>8133 Getwell Rd Southaven MS</u>		
	Center/Organization/Individual		
Purpose	<u>Mid Year Inspection</u>	Director	<u>Suzan Wilbanks</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>De Soto</u>	Telephone No.	<u>662-280-0667</u>
Time In	<u>9am</u>	Time Out	<u>—</u>
		Total Time	<u>—</u>

Findings/Comments Here to conduct a mid-year inspection.
Met with Suzan Wilbanks upon arrival.

LOS — In compliance

IZIs - staff — In compliance
children — In compliance

CPR/FA — In compliance

Emergency Medical Logs — In compliance

Kitchen receives an A.

Class I & II violations may result in a monetary penalty. Repeated violations may result in doubling of a monetary, suspension, or revocation of the license.

[Signature]
 Center Director/Designee/Individual

[Signature]
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 4674	Facility Name, Address Little People's Learning Barn	Date 9-15-22
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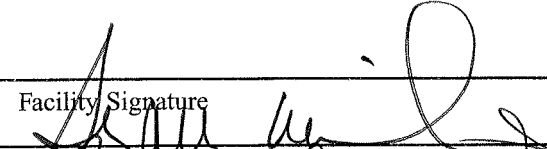
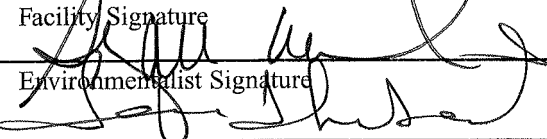
CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No Violations	A
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<input checked="" 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 checked="" 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:	

Suzanne Wilbanks 4674
 Certified Manager Licence Number

Facility Signature 
Environmental Signature 

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

Center No. _____

Inspection Date _____

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3" from surface. Rule 111.9.4 pg 60. In good repair no gaps? Rule 111.9.5 pg 61.
- ☒ ☐ ☐ 2 Entrances/exits with one being remote from the building. Rule 111.9.5 pg 61.
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? PS 24.2 pg 40 & 41.
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? Rule 111.9.5 pg 59.
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways. CPSC 24.2.5 pg 10 & Rule 111.11.4 pg 61.
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating). Rule 111.2.2 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 111.9.5 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 3.3.9 pg 40.
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency.
CPSC 3.2 pg 14
2.5.2 pg 1 & 3.3.8.1 pg 37
- ☒ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency.
CPSC 3.6.4.5 pgs 34-35
- ☐ ☐ ☒ 13 Are spring rockers a minimum of 6 ft apart? ASTM 95.1.2 & CPSC 3.3.7 pg 36-37.
- ☐ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate.
Rule 111.2 pg 40
& CPSC 2.2.6 pg 9
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency.
Rule 111.11.1 pg 5
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? Rule 111.9.7 pg 60 & CPSC 2.2 pg 3
- ☒ ☐ ☐ 17 Are concrete footings located at least 5" beneath the surface? Rule 110.2.2 pg 45 & CPSC 3.6 pg 16-17.
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated.
2.5.5 pg 5

Releasing Officer: _____

[Signature]