



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County HarrisonDate 7-24-20Facility Name Woodmark Elementary Summer CampLicense Number 7443Purpose Renewal

Capacity _____

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

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Sanitation Approved

Garbage and garbage bins maintained

Vector control maintained

Water system approved and functioning

Waste water system approved

and functioning

Food service approved

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Possible Monetary Penalty

Monetary Penalty

1. _____ \$ _____

2. _____ \$ _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

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

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Building and Grounds

Walls, ceilings, floors, toys, equipment
clean and in good repair

Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available,
and functioning

Electrical outlets protected

Large appliances located properly

Sinks and toilets working properly

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
in good working order

First aid kits stocked and easily accessible

Playground area clean, shaded, well
drained and equipped and fence in good
repair

Playground equipment meets standards

Pool area clean, fenced, and adequately
maintainedDiaper changing stations adequate in
number and each fully supplied
(number _____)☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☐ ☐ ☐ ☒☐ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☐ ☐ ☐ ☒☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☒

Center Director/Individual _____

Child Care Representative _____

Manique Fandy

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

9

Date

7-24-20

Name Woolmarket Elementary Summer Camp License No. 7443
Address 12513 John Lee Rd
Center/Organization/Individual
Purpose Renewal (Virtual) Director Roslyn Sprawell
Mileage Start N/A Mileage End N/A
County Harrison Telephone No. 228-388-7176
Time In _____ Time Out _____ Total Time _____

Findings/Comments

No violations during observation/inspection.

Renewal
Application
Fee Survey

Center Director/Designee/Individual

Margie Taylor
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator