

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Leona Pruitt (name), serve in the capacity of owner, director, or director designee of Creative Kids Daycare / After School (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date, and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Leona Pruitt
Director Signature

10-1-20
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Creative Kids Day Care License No. 6422 Date 9-15-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (Appendix C, VII)

Comments/Recommendations _____

- ☐ Pass –
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

Mia Breen
 Child Care Representative



Food Establishment Inspection Report

Establishment <u>Creative Kids Daycare</u>		Time in	
Address <u>5920 Old Hwy 80</u>	City/State <u>Meridian MS</u>	Zip <u>39307</u>	Telephone <u>601-482-0520</u>
License/Permit# <u>6422</u>	Permit Holder		Risk Level <u>II</u>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R
COS = corrected on-site during inspection R = repeat violation

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status	COS	R
Supervision		
1 <u>IN</u> OUT		
2 <u>IN</u> OUT N/A		
Employee Health		
3 <u>IN</u> OUT		
4 <u>IN</u> OUT		
Good Hygienic Practices		
5 <u>IN</u> OUT N/O		
6 <u>IN</u> OUT N/O		
Preventing Contamination by Hands		
7 <u>IN</u> OUT N/O		
8 <u>IN</u> OUT N/A N/O		
9 <u>IN</u> OUT		
Approved Source		
10 <u>IN</u> OUT		
11 <u>IN</u> OUT N/A N/O		
12 <u>IN</u> OUT		
13 <u>IN</u> OUT N/A N/O		
Protection from Contamination		
14 <u>IN</u> OUT N/A		
15 <u>IN</u> OUT N/A		
16 <u>IN</u> OUT		
Potentially Hazardous Food (TCS food)		
17 <u>IN</u> OUT N/A N/O		
18 <u>IN</u> OUT N/A N/O		
19 <u>IN</u> OUT N/A N/O		
20 <u>IN</u> OUT N/A N/O		
21 <u>IN</u> OUT N/A		
22 <u>IN</u> OUT N/A N/O		
23 <u>IN</u> OUT N/A N/O		

Compliance Status	COS	R
Consumer Advisory		
24 <u>IN</u> OUT N/A		
Highly Susceptible Populations		
25 <u>IN</u> OUT N/A		
Chemical		
26 <u>IN</u> OUT N/A		
27 <u>IN</u> OUT		
Conformance with Approved Procedures		
28 <u>IN</u> OUT N/A		
29 <u>IN</u> OUT N/A		
Other Critical Factors		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 <u>IN</u> OUT		
31 <u>IN</u> OUT		
32 <u>IN</u> OUT N/A		
33 <u>IN</u> OUT N/A		
34 <u>IN</u> OUT N/A		
35 <u>IN</u> OUT		
36 <u>IN</u> OUT N/A		

Date	<u>9-15-20</u>
Person in Charge (Signature)	
Inspector (Signature)	<u>M. Brann</u>

Center Name Creative Kids Day CareInspection Date 9-15-20

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 95.12 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 255)

Director _____

Licensing Official

Mike Brann