



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County PikeDate 5.7.21Facility Name Mo KidsLicense Number 2644Purpose Mid-YearCapacity 100

## 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

|   | In                                  | Out                                 | COS                      | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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   | Caregiver   |
|----|-------------------|-------------|
| 1. | School Age / 21 / | Caregiver 1 |
| 2. | 3-4yr / 9 / C.    | " " 2       |
| 3. | School Age / 7 /  | " " 3       |
| 4. | 1yr / 3 / J. B.   | " " 4       |
| 5. | Infant / 4 / E    | " " 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"/> |

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Exits unobstructed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Required smoke detectors, carbon monoxide monitors, fire extinguishers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Thermometers placed properly and working order | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| First aid kits stocked and easily accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Playground area clean, shaded, well maintained and equipped and fence in good working order | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                      | In                                  | Out                      | COS                      | N/A                      |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Playground equipment meets standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | In                       | Out                      | COS                      | N/A                                 |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Pool area clean, fenced, and adequately maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Diaper changing stations adequate in number and each fully supplied (number <u>2</u> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual

Child Care Representative

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 7Date 5.7.21

|               |                                    |               |             |
|---------------|------------------------------------|---------------|-------------|
| Name          | <u>MS Kids Educational Academy</u> | License No.   | <u>2640</u> |
| Address       | <u>1002 Pearl River Ave</u>        |               |             |
|               | Center/Organization/Individual     |               |             |
| Purpose       | <u>Mid-Year</u>                    | Director      |             |
| Mileage Start | <u>—</u>                           | Mileage End   |             |
| County        | <u>Pike</u>                        | Telephone No. |             |
| Time In       | <u>11:50</u>                       | Time Out      | <u>1:25</u> |
|               |                                    | Total Time    |             |

Findings/Comments Arrived at the facility and met with R. Williams stated purpose for today's visit. K. Marshall arrived at 12:15

TA was provided on the following:

Rule 1.11.14(w) Unused electrical outlets shall be protected by a safety plug cover. L.O observed outlets unprotected in classroom B & C and in boys and girls restroom. Director agreed to purchase at end of day. D.O.C 5.10.21. Director will monitor to ensure compliance at all times.

Appendix C Processed, prefried meats are not allowed due to the sodium/salt and fat content. L.O observed pancake on sticks in freezer. Director agreed to remove items and will monitor to ensure compliance at all times. D.O.C 5.7.21

Rule 1.18.3 Formula shall be labeled with the child's name, date, and placed in refrigerator. L.O observed formula (bottles) not labeled. Director agreed to label all bottles and will monitor daily to ensure compliance D.O.C 5.7.21

Katrina Marshall  
Center Director/Designee/Individual

Lekisha Sandifer  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5.7.21

Facility Name MS Kids Educational Academy License No. 26460

Rule 1.9.4. (a) An infant shall be placed on his for sleeping unless written physician orders. L.O observed (1) infant asleep on back. Caregiver corrected on site. Director will monitor to ensure compliance. D.O.C 5.7.21.

Rule 1.9.4 (c) Facilities shall use firm mattress covered by fitted sheet. L.O observed blankets being used on beds. Caregiver removed blankets on site and the director will monitor to ensure compliance.

Rule 1.9.6 (a) Swings, are to be used only for primary purpose. L.O observed (2) infants asleep in swings. Caregiver removed infants and placed them in crib on back. Director will monitor to ensure compliance.

Rule 1.13.6 (2) L.O observed facility in need of certified food Manager. Owner signed up on today to take Tummy Safe training. facility has 30 days to complete.

A green survey card was given to director.

Play ground excellent.



Class I II violations may result in a monetary penalty.

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

Katrina Marshall LeKisha Sordif  
Center Director/Designee/Individual Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

|                 |  |                |
|-----------------|--|----------------|
| PIMS ID<br>2046 | Facility Name, Address<br>MS Kids Educational Academy<br>1002 Pearl River Ext. McComb MS<br>391648 | Date<br>5.7.21 |
|-----------------|--|----------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No Manager Certification

"B" Issued

- |   |  |
|---|--|
| <input type="checkbox"/> 92020 Scheduled<br><input type="checkbox"/> 92030 Followup<br><input type="checkbox"/> 92040 Complaint<br><input type="checkbox"/> 92050 Consultation<br><input type="checkbox"/> 92070 Plan Review/Const.<br><input type="checkbox"/> 92080 No Inspection<br><input type="checkbox"/> 92090 Restaurant Training | <input type="checkbox"/> 92010 Permit No Charge<br><input type="checkbox"/> 92015 Permit 1 \$30.00<br><input type="checkbox"/> 92011 Permit 2 \$100.00<br><input type="checkbox"/> 92012 Permit 3 \$150.00<br><input type="checkbox"/> 92013 Permit 4 \$200.00 |
|---|--|

Permit Date  
7/20/21

Environmental Code

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature  
Latrina Marshall

Environmentalist Signature  
Deborah Sandifer

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



# Child Care Licensure Playground Checklist

Center Name MS Kids Educational

Inspection Date 5.7.21

Academy

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2, pg 9-10 & 4.3) - - -
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (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 1.11.9 (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 5.3.9, pg 41)
- ☒ ☐ ☐ 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 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☒ ☐ ☐ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2, pg 4 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 5)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Katrina Marshall

Licensing Official

Lekwota Sindifu