



Child Care Facility Inspection

County Simpson Date 7/10/19

Facility Name _____ License Number _____

Purpose NYI Capacity 60

All Items In Red Are Critical

| | In | Out | COS | N/A |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Qualified director present | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper staff to child ratio present | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room and playground capacity met | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Center capacity met | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| License/complaint visible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified food manager | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sanitation Approved

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Garbage and garbage bins maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vector control maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water system approved and functioning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste water system approved and functioning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food service approved | <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/Student |
|----|-------------------|
| 1. | Infant (4) |
| 2. | 1/2 yrs old (11) |
| 3. | 4/5 yrs. old (13) |
| 4. | |
| 5. | |
| 6. | After school (8) |
| 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

| | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Walls, ceilings, floors, toys, equipment clean and in good repair | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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>2</u>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual Dr. Sherry D. Dwyer

Child Care Representative Sherry Dwyer



MISSISSIPPI STATE DEPARTMENT OF HEALTH
Child Care Encounter

District 5 Nazareth Day Care Center
611 Dixie Ave Mendenhall MS
(601)847-0551 Lic # 1762

Date 7/10/19

Name _____ License No. _____

Address _____

Center/Organization/Individual _____

Purpose Mid Year Inspection Director Shawnnay Davenport

Mileage Start _____ Mileage End _____

County Simpson Telephone No. _____

Time In 9:50 Time Out 12:30 Total Time _____

Findings/Comments Arrived at the facility met w/ director Shawnnay Davenport, acknowledge reason for today's visit was to conduct a MYI.

After a tour of facility the following violations were observed.

Subchapter Building/Grounds

Deficiency: Rule 1.11.1(2) Walls shall be kept clean and free of torn wall covering, chipped paint, broken plaster, and holes.

Finding: LO observed while touring the kitchen, behind the freezer there were holes in the wall.

DOC: Director will be responsible for contacting maintenance to correct violation(s). Director will also daily monitor violations and will be responsible for ensuring the violation(s) does not re-occur. Facility has been given 10 days to correct/repair violation. Follow-up will be conducted.

Green survey card provided

Shawnnay Davenport
Center Director/Designee/Individual

Anthony Ray
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Nazareth Day Care Center
611 Dixie Ave Mendenhall MS
(601)847-0551 Lic # 1762

I Care Encounter Continuation)

Date 7/10/19

Facility Name _____ License No. _____

Subchapter II Building / Grounds
states in part,

Deficiency: Rule 1.11.1(8) Floor covering shall be properly installed
kept clean and in good condition, and maintained in good repair.

Finding: LO observed while touring classrooms - Infants/1/2 years
old classroom, rugs were dirty were infants play.

POC: Facility is responsible contacting maintenance to
correct violation. Director will also daily monitor violations
and will be responsible for ensuring the violations does
not re-occur. Facility has been given 10 days to get
violation corrected by having rugs cleaned. Follow-up
will be conducted.

Rule 1.7.4 LO observed in toddler room caregiver did not have
daily written reports. LO provided TA by explaining that facility should
provide daily written reports are for all infants/toddler daily.

Rule 1.6.3(8) LO observed while reviewing records
2 students with expired 121

5 employee with no 121

1 employee with no LOS

Please submit within 14 days, employee w/ no LOS
should never be left alone with children, copies of
121s and LOS can be fax or email to LO.

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

Dr. Sherry Davenport
Center Director/Designee/Individual

Jiffany Gray
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

5

Facility Inspection Results

Nazareth Day Care Center
611 Dixie Ave Mendenhall MS
(601)847-0551 Lic # 1762

Address

Date

7/10/19

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations

"A" ISSUED

- ☒ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

Please Remit within 10 days to:

Angela Mcaskill
Certified Manager

1762
Licence Number

Facility Signature
Dr. Sherry Lawrence

Environmental Signature
G. Stacy

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

Licensure Playground Checklist

6

Inspection Date 7/10/19

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg13)
- ☒ ☐ ☐ 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, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Dr. Davenport

Licensing Official

J. Slay