



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County TupeloDate 12-02-20Facility Name Cribbs To Chayens DaycareLicense Number 7179Purpose RenewalCapacity 40

## 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/Staff Name
1.	<u>Empty</u>
2.	<u>4 yrs old - 8 - caregiver</u>
3.	<u>Empty</u>
4.	
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

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

Center Director/Individual

Jessie Williams

Child Care Representative

Jamika Pratcher

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 I Date 12-02-20

Name Cribs To Crayons Daycare License No. 7179

Address 1275 Hambrook Rd Robinsonville, MS 38664

Purpose Renewal Center/Organization/Individual Ludie Williams

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Tunica Telephone No. 662-363-1044

Time In 11:00 Time Out 1:05 Total Time \_\_\_\_\_

Findings/Comments Here to conduct a renewal inspection.  
Upon arrival the licensing official met with  
Mrs. Williams  
Please login to the licensing portal to submit application  
and payment online at Healthylms.com.

The following were in compliance on today's visit:  
Current CPR & First Aid  
Current MSDH 121 forms for staff and children  
Current Records for staff and children  
Current 2019 for staff  
Background Check list, Completed  
Kitchen Read An A

Following is required by Jan. 29, 2020  
Fire form 333  
Contact Mrs for staff  
Menus

Ludie Williams  
 Center Director/Designee/Individual

Tamika Bratcher  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name

*Crisis TD Crayons Daycare*

License No.

*7179*

Date

*12-02-20*

Yes No N/A

1. ☒ ☐ ☐ Policies and procedures (*Parent's Handbook*) {Rule 1.4.1}
2. ☒ ☐ ☐ 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. ☒ ☐ ☐ Approved arrival and departure procedures {Rule 1.4.1 (2)}
4. ☒ ☐ ☐ Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5. ☒ ☐ ☐ Attendance records for children and staff {Rule 1.6.3 (1)}
6. ☒ ☐ ☐ Current alphabetical roster of children (*includes date of birth*) {Rule 1.6.3 (2)}
7. ☒ ☐ ☐ Current staff roster (*includes date of birth & date of hire*) {Rule 1.6.3 (3)}
8. ☒ ☐ ☐ Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9. ☐ ☐ ☒ Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10. ☒ ☐ ☐ Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11. ☒ ☐ ☐ Personnel records (*attach employee's records form*) {Rule 1.6.4}
12. ☐ ☐ ☒ Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13. ☒ ☐ ☐ Children records (*attach children's records form*) {Rule 1.6.7}
14. ☐ ☐ ☒ Reports of serious occurrences made as required {Rule 1.7.1}
15. ☐ ☐ ☒ Communicable diseases reported as required {Rule 1.7.3}
16. ☒ ☐ ☐ Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17. ☒ ☐ ☐ Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18. ☒ ☐ ☐ Age appropriate program of activities posted in each room {Subchapter 9}
19. ☒ ☐ ☐ Required toys present in infant room {Rule 1.10.1 (2)}
20. ☒ ☐ ☐ Required toys present in toddler room {Rule 1.10.1 (3)}
21. ☒ ☐ ☐ Required toys present preschool room {Rule 1.10.1 (4)}
22. ☒ ☐ ☐ Licensed pest control contractor {Rule 1.11.14}
23. ☐ ☐ ☒ Pets present (*proof of immunization as required, signed by veterinarian*) {Rule 1.12.6}
24. ☒ ☐ ☐ Appropriate discipline policy followed {Subchapter 14}
25. ☒ ☐ ☐ Appropriate transportation policy followed {Subchapter 15}
26. ☒ ☐ ☐ Infant feeding schedules posted (*Appendix C, VII*)

Comments/Recommendations

- ☒ Pass -  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

*Lucie Williams*  
☒ Director

☐ Designee

*Jamika Bratcher*  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
	1765 to Crayons Daycare 12175 Hambrook Rd Robinsonville, MS	12-02-20

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No Critical Violations  
Cited on today's visit.  
Facility Rec'd an  
A 12/11

- ☐ 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:

Certified Manager

Licence Number

Facility Signature

Environmentalist Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist



# Child Care Licensure Playground Checklist

Center Name

Cribs to Crayons Daycare

Inspection Date

12-02-20

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 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 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

Lucie Williams

Licensing Official

Amika Braxton