



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

|   |                            |
|---|----------------------------|
| County <u>Jackson</u>                   | Date <u>Dec. 13, 19</u>    |
| Facility Name <u>The Learning Depot</u> | License Number <u>1173</u> |
| Purpose <u>mid year</u>                 | Capacity <u>39</u>         |

## 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                      |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Sanitation Approved

Garbage and garbage bins maintained  
 Vector control maintained  
 Water system approved and functioning  
 Waste water system approved and functioning  
 Food service approved

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Possible Monetary Penalty

|                         | Monetary Penalty |
|-------------------------|------------------|
| 1. <u>Rule 1.8.2(4)</u> | \$ _____         |
| 2. _____                | \$ _____         |
| 3. _____                | \$ _____         |
| 4. _____                | \$ _____         |
| 5. _____                | \$ _____         |

|    | Age/Child/Staff Name                  |
|----|---------------------------------------|
| 1. | <u>Jessie D.</u> 17 3-4 yrs           |
| 2. | <u>Chelsea &amp; DeShawn</u> 15 2 yrs |
| 3. |                                       |
| 4. |                                       |
| 5. |                                       |
| 6. |                                       |
| 7. |                                       |

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

## 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                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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  
 Heating/cooling approved  
 Ventilation adequate  
 Glass approved and shielded  
 Telephone on premises, available,  
 and functioning

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical outlets protected  
 Large appliances located properly  
 Sinks and toilets working properly  
 Hot water at all sinks, not to  
 exceed 120°

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                                     |                          |                          |                                     |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Exits unobstructed  
 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

Child Care Representative

Center Director/Individual Kale Owens  
 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 9Date Dec. 13, 9

|  |                                   |
|--|-----------------------------------|
| Name <u>The Learning Depot</u>                         | License No. <u>1173</u>           |
| Address <u>2554 Government St. Ocean Springs 39564</u> |                                   |
| Center/Organization/Individual                         |                                   |
| Purpose <u>Mid-year</u>                                | Director <u>Karla Owens</u>       |
| Mileage Start  | Mileage End                       |
| County <u>Jackson</u>                                  | Telephone No. <u>228-875-1807</u> |
| Time In <u>12:30</u>                                   | Time Out <u>1:50</u>              |
| Total Time   |                                   |

Findings/Comments Upon arrival met Designee Jennifer Davis. Karla Owens arrived 10 mint. later.

### Subchapter: 8 Staffing

Deficiency: Rule 1.8.2(4) With the exception of children under two years of age, children may be under the direct supervision (staff in the same room) of 50 percent of the staff required by this section during rest period times, provided the required staff-to child ratio is maintained on the premise

Rule 1.8.2(1) The minimum ratio of caregiver staff-to children present at all times shall be as follows:  
2 years - 12 children to one caregiver  
3-4 years 14 children to one caregiver  
4 year 16 children to one caregiver

Rule 1.8.2(3) In mixed age groups, the age of the youngest child in the group determines the staff-to child ratio.

Finding: Observed upon arrival two classrooms were being used. It was nap time.  
In Classroom with 2 year - The ages were 2-3 years old.  
There was 15 children with 2 caregivers

Karla Owens  
 Center Director/Designee/Individual

Anna L. Walton  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date Dec. 19, 19Facility Name The Learning Depot License No. 1173

In the <sup>room</sup> ~~the~~ 4 year-old ~~room~~ <sup>use</sup> - There was 17 children ages 3-4 years. With one caregiver.

There was only 3 caregivers on site and two classrooms in use. It was nap time.

The 4 year-old room had only one caregiver and Ms Owens arrived about 10 minutes later.

The ratio was over in the classroom with 3-4 yrs old by 3 children. There was not an extra person on the premise.

POC- Upon arrival Ms Owens brought the staff-to-child ratio in compliance.

Ms Owens moved some of the children into the other classroom.

Ms Owens stated that she would keep three classrooms open for nap time.

Ms Owens will be responsible to insure that staff-to-child ratio was maintained at all time.

Class 1 and 11 violation may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

Kath Owen  
Center Director/Designee/Individual

Anna L. Walker  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date Dec 13, 19

Facility Name The Learning Depot License No. 1173

Playground - No Violations Observed

Staff's SOS & 121's in compliance

Children 121's in compliance

Karla Owens  
Center Director/Designee/Individual

Anne J. Walters  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

|                 |  |                  |
|-----------------|--|------------------|
| PIMS ID<br>1173 | Facility Name, Address<br>The Learning Depot | Date<br>12-13-19 |
|-----------------|--|------------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

|  |                                  |
|--|----------------------------------|
|  | No Violations<br>Observed<br>(A) |
|--|----------------------------------|

|   |  |
|---|--|
| <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<br>8-31-20  | Environmentalism Code<br>AW9   |
| Please Remit within 10 days to:   |  |

Karla Owe  
Certified Manager

Shirley Sabe  
Licence Number  
8/24/24

|  |
|--|
| Facility Signature<br><u>Karla Owe</u>             |
| Environmentalism Signature<br><u>Wm. A. Walter</u> |

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