



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

BEST FRIENDS II

License #: 4902

Director: ALECIA DOUGLAS

Inspection Date: 02/23/2022

Annual/Mid Inspection

Inspector: Thelma Shegog

### Program Administration Violations Cited

1. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

#### Plan of Correction

1. **POC:** During review of record LO observed four children and three staff that need an update 121. The facility must have an update 121 on file by March 09, 2022

**Person Responsible:** Director    **Date for Completion:** 14 Days

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

### Infant Classroom Violations Cited

Infant - Classroom Number: 2

No violations cited.

Infant Classroom - Classroom Number: 2

### **Twos Classroom Violations Cited**

Twos - Classroom Number: 3

No violations cited.

Twos Classroom - Classroom Number: 3

### **Preschool Classroom Violations Cited**

Three - Classroom Number: 3

No violations cited.

Preschool Classroom - Classroom Number: 3

### **Legend**

- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

A handwritten signature in black ink that reads "Patricia Mayes". The script is cursive and fluid.

### **MSDH Licensure Representative Signature**

A handwritten signature in black ink that reads "Thelma Shapell". The script is cursive and fluid.