



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HarrisonDate 6-8-21

Facility Name \_\_\_\_\_

License Number 0750Purpose Mid-YearCapacity 30

## 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

1. \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

1. \_\_\_\_\_ 3

2. \_\_\_\_\_

3. \_\_\_\_\_ 1

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 ☒Lighting approved ☒Heating/cooling approved ☒Ventilation adequate ☒Glass approved and shielded ☒Telephone on premises, available, and functioning ☒Electrical outlets protected ☒Large appliances located properly ☒Sinks and toilets working properly ☒Hot water at all sinks, not to exceed 120° ☒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 ☒Exits, doors and fastening devices single action approved and in good working order ☒Exits unobstructed ☒Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order ☒First aid kits stocked and easily accessible ☒Playground area clean, shaded, well drained and equipped and fence in good repair ☒Playground equipment meets standards ☒Pool area clean, fenced, and adequately maintained ☒Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_) ☒Child Care Representative Monique FoyCenter Director/Individual Judy Carver

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 6-8-21

Name Judy's Daycare License No. 0750  
 Address 14835 Jim Byrd Bldg, MS 39532  
 Center/Organization/Individual  
 Purpose Mid-Year Director Judy Carson  
 Mileage Start N/A Mileage End N/A  
 County Harrison Telephone No. 228-392-5061  
 Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments

Technical Assistance was provided on Subchapter 6: Records - Rule 1.6.3(9) states in part, "Each facility shall maintain a notebook containing a copy of the Letter of Suitability for Employment from the licensing agency on all employees and, when applicable, of

Findings - The facility has a new employee that has not received her hos back yet.

\* The employee can't be left alone with children until she has a hos.

\* Please have playground picture sanded and painted with lead free and non-toxic paint.

Judy Carson

Center Director/Designee/Individual

Monique Fairley

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>Judy's Daycare</i>	Date <i>6-8-21</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><i>No violations</i></p> <p><i>Inspected</i></p> <p style="text-align: center; font-size: 2em;"><i>A</i></p>	
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- ☐ 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:

*Judy Carver*  
Certified Manager

*Tummy Safe*  
Licence Number  
*Nov. 11, 2023*

Facility Signature

Environmental Signature

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

# Child Care Licensure Playground Checklist

Center Name

Judy's Daycare

Inspection Date

6-8-21

YES NO N/A

- |                          |                          |                          |     |  |
|--------------------------|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.  | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.  | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9.  | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 13)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)   |

Director

Judy Carter

Licensing Official

Theresa Taylor