

WBF Rainbow Learning Center  
 License No.: 25CDPFA-7313  
 Director: Erma Betts  
 1597 W. Highland Dr.  
 Jackson, MS 39204  
 Phone No.: 601-372-3290



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hinds Date 7.3.19  
 Facility Name \_\_\_\_\_ License Number \_\_\_\_\_  
 Purpose Midyear / TA Capacity 74

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 type="checkbox"/>	<input checked="" 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
<u>Rule 1.8.2 (3)</u>	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____

	Age/Child/Staff Name
1.	<u>Infants - 8yr - 17 - 3 Staff</u>
2.	<u>1yr - 3 - 1 Staff</u>
3.	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>4</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Erma C. Betts

Child Care Representative James W. White  
Azuda Ellis



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 5

Date 7.3.19

WBF Rainbow Learning Center  
License No.: 25CDPFA-7313  
Director: Erma Betts  
1597 W. Highland Dr.  
Jackson, MS 39204  
Phone No.: 601-372-3290

Name \_\_\_\_\_

Address \_\_\_\_\_

Purpose Mid-year / TA Director \_\_\_\_\_

Mileage Start      Mileage End     

County Hinds Telephone No. \_\_\_\_\_

Time In 8:46am Time Out 10:25am Total Time \_\_\_\_\_

Findings/Comments Upon arrival LO's met w/ director, Erma Betts.

The purpose of this visit is to conduct a midyear inspection and to provide TA.

## Subchapter 8: Staffing

Deficiency: Rule 1.8.2 (3) states "The minimum staff-to-child ratio shall be maintained at all times. In mixed age groups, the age of the youngest child determines the staff-to-child ratio!"

Findings: Based on observations while touring the facility, the facility failed to maintain the minimum staff-to-child ratio in the lunch area during arrival. There were 3 (three) staff with 17 (seventeen) children; ages infant to 8 (eight) years old. Per regulations, the minimum staff-to-child ratio for infants is one staff to 5 (five) children. This resulted in the facility being 2 (two) children over ratio.

## D.O.C.

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?
2. Who will be responsible for monitoring violation from recurrence?
3. What is the date of completion?

Director stated that she will change the hours of the caregivers for reporting to work, to an earlier time so that ratio will be

Erma C. Betts  
Center Director/Designee/Individual

Angela E. [Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 7.3.19

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

maintained. The owner is always available, but due to an emergency he had to leave. The owner also came back to the center @ 9:15 am. Director moved the children to there classrooms so that ratio will be in-compliance. Director will be responsible for monitoring violation from recurrence. The date for compliance is 7-3-2019.

**Subchapter 6: RECORDS**

Deficiency: Rule 1.6.3(8) States in part, each facility shall maintain a notebook containing copies of MSDH Certificate of Immunization (MSDH Form #121) for both staff and students on file at the facility.

Findings: Based on observations, during the record review, LO observed 4 (four) children w/ expired form 121's. The licensing official explained to the director that form 121 has to be submitted w/in 14 days from today's date. (7.24.2019). This same violation was notated on 7.11.2018 & 1.7.2019.

P.O.C.

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?
2. Who will be responsible for monitoring violation from recurrence?
3. What is the date of completion?

Owner and Director Stated that once child's form 121 is expired, they may have to go to the health department once a week to retrieve

form on the child, if child has receive their immunization. The owner stated that the suggestion that the LO gave, with calling the immunization nurse, to put their center on the list to come and review form 121's. The owner will be responsible for maintaining the violation from recurring. The date for compliance will be 7.9.2019.

Green survey card was left w/ director/owner.

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

Erma C. Betts  
Center Director/Designee/Individual

Chell  
Amelia Wade-Dugosh  
Child Care Representative  
Kyella Ertio

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

**WBF Rainbow Learning Center**  
**License No.: 25CDPFA-7313**  
**Director: Erma Betts**  
 1597 W. Highland Dr.  
 Jackson, MS 39204  
 Phone No.: 601-372-3290

Address

Date

7.3.19

**CRITICAL VIOLATIONS**

**CORRECTION PLAN AND SCHEDULE**

No critical violations observed on today's visit.

A

<input checked="" type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date <span style="font-size: 1.5em;">7.3.19</span>	Environmental Code
Please Remit within 10 days to:	

Erma Betts Serv. Safe  
 Certified Manager                      Licence Number

exp. 2.15.23

Facility Signature	<i>Erma C. Betts</i>
Environmental Signature	<i>Erma C. Betts</i>

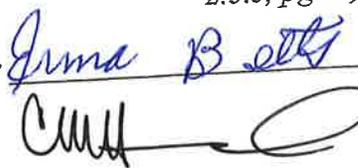
White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy - Environmentalist

# Child Care Licensure Playground Checklist

Inspection Date 7.3.19

Center Name \_\_\_\_\_

- | YES                                 | NO                       | N/A                                 |     |   |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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)                                 |
| <input checked="" 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 60)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)   |
| <input checked="" 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 & Rule 1.11.11 (4), pg 61)                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)  |
| <input checked="" 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 59) |
| <input checked="" 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 16)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency<br>(CPSC 5.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate<br>(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency.<br>(Rule 1.11.11 (1), pg 61)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. | Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)  |
| <input checked="" 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 46 & CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)   |

Director Erma Betts  


Licensing Official Erma Betts  
