



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County ItawambaDate 5-29-19Facility Name Little SproutsLicense Number 6917Purpose Program RenewalCapacity 225

## All Items In Red Are Critical

|                                             | In                                  | Out                      | COS                      | N/A                      |
|---------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Qualified director present <u>-director</u> | <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

|                                             | In                                  | Out                      | COS                      | N/A                      |
|---------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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>See child care encounter</u> |
| 2. | <u>page 4 of 4</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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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

|                                                                                                                                   | In                                  | Out                      | COS                      | N/A                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 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 <u>4</u> )                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Center Director/Individual \_\_\_\_\_

Child Care Representative Kimberly ClarkWhite 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 IIDate 5-29-19

Name Little Sprouts License No. 6917  
 Address 106 B Pierce Town Fulton 38863  
 Center/Organization/Individual  
 Purpose Program Renewal Director Ryten Schmidt  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Itawamba Telephone No. 662-862-2020  
 Time In 8:35 Time Out 11:11 Total Time \_\_\_\_\_

Findings/Comments Here for a program renewal inspection.  
Application and fees must be paid online at  
www.healthysms.com by June 30, 2019. Fire form and  
menus have been provided to the facility. Fire form  
and menus must be submitted to the licensing  
official by June 30, 2019.

The licensing official met with the director upon  
arrival. Questionnaire provided to the director.

Kitchen received an "A" - no critical violations in  
the kitchen.

Playground in compliance.

Subchapter 6: Records

Deficiency: Rule 1.6.3(5) states, "Records of monthly  
fire/disaster evacuation drills."

Findings: Based on observation while reviewing  
records, the facility has failed to conduct  
monthly fire/disaster drills.

Plan of Correction

The licensing official will email the facility a  
Monthly Fire/Disaster Drill form. The facility will  
conduct a monthly fire/disaster drill and record the  
drill on the Monthly Fire/Disaster Drill form

Chang Holder  
 Center Director/Designee/Individual

Kimberly Clark  
 Child Care Representative

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 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5-29-19

Facility Name Little Sprouts License No. 6917

by the 5<sup>th</sup> of each month. DN  
The licensing official will return to ensure monthly Fire/Disaster Drill are being conducted by the 5<sup>th</sup> of each month.

## Technical Assistance

- Gym needs a evacuation route posted. Rule 1.4.6(1,d) This will be done and posted by noon today. DN
- Facility is to submit proof of liability insurance to the licensing official by Monday, June 3, 2019. Rule 1.4.1(i) + (j) DN
- One child needs an updated MSDH Form #121. Please submit within 14 days or the child cannot return to the facility. Rule 1.6.3(8) DN
- Five children do not have a MSDH Form #121 on file at the facility and cannot return to the facility without a MSDH form #121. Please submit MSDH Form #121 in 14 days or before to the licensing official. Rule 1.6.3(8). DN
- Two employees need an updated MSDH Form #121. Please submit within 14 days to the licensing official or the two employees cannot return to work. Rule 1.6.3(8) DN

Glamy Hader  
Center Director/Designee/Individual

Kimberly Clark  
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5-29-19

Facility Name Little Sprouts

License No. 6917

Technical Assistance

- Two employees do not have a valid letter of suitability on file at the facility. Documentation has been sent to the fingerprint unit. The two employees cannot be left alone with children until they have been issued a valid letter of suitability. Please submit letter of suitability to licensing official within 60 days or before.

Rule 1.5.2 2X

- Infants must not have bds or pacifier clips on while sleeping in cribs and/or pack-n-plays.

Rule 1.9.4(5,d) + Rule 1.11.1(9) 2X

- Contact hours are due Friday, July 26, 2019 for all full time and part time employees. Please send a copy of each certificate earned for each full time and part time employee.

Rule 1.5.8 2X

- Facility does not transport children daily - auto insurance not required at this time.

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

Frank Holder  
Center Director/Designee/Individual

Kimberly Clark  
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5-29-19

Facility Name

Little Sprouts

License No.

6917

Gym

5-14-Caregiver #1

Caregiver #2

Building #2 Rm #2 4-12-Caregiver #3

Building #2 Rm #1 3-17-Caregiver #4  
Caregiver #5  
Caregiver #6

Rm #1 - not in use

Rm #6 2-12-Caregiver #7

Rm #5 1-6-Caregiver #8

Rm #4 Infant - 3-Caregiver #9

Rm #3 - not in use

Rm #2 1-5-Caregiver #10

Rm #1 Infant - 8-Caregiver #11  
Caregiver #2

Center Director/Designee/Individual

Child Care Representative

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Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Little Sprouts License No. 6917 Date 5-21-19

- |     | Yes                                 | No                                  | N/A                                 |                                                                                                                                            |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {Rule 1.4.1}                                                                     |
| 2.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}                                                                                 |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}                                                                          |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}                                                                                 |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}                                                 |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}                                                 |
| 8.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}                                                                                   |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}                                                           |
| 10. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}                                                                               |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Personnel records (<i>attach employee's records form</i>)</b> {Rule 1.6.4}                                                              |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6}                                                                                                |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}                                                               |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}                                                                        |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>Communicable diseases reported as required</b> {Rule 1.7.3}                                                                             |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}                                                            |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}                                                 |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}                                                                   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required toys present in infant room {Rule 1.10.1 (2)}                                                                                     |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required toys present in toddler room {Rule 1.10.1 (3)}                                                                                    |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required toys present preschool room {Rule 1.10.1 (4)}                                                                                     |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14} <i>Predict Pest Control</i>                                                                |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}                                            |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}                                                                              |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}                                                                          |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Infant feeding schedules posted ( <i>Appendix C, VII</i> )                                                                                 |

Comments/Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

☒ Director ☐ Designee

*Kimberly Clark*  
 Child Care Representative

# Food Service Facility Inspection Results

|                 |                                                                                   |                |
|-----------------|-----------------------------------------------------------------------------------|----------------|
| PIMS ID<br>6917 | Facility Name, Address<br>Little Sprouts<br>146 B. Pierce Town Rd Tullahoma 38863 | Date<br>5-2-19 |
|-----------------|-----------------------------------------------------------------------------------|----------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

-no critical violations  
in the kitchen

Kitchen received  
an "A"

- ☐ 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

KP2

Please Remit within 10 days to:

L. Meluhirter

Certified Manager

6917

Licence Number

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalist

# Child Care Licensure Playground Checklist

Center Name Little Sprouts

Inspection Date 5-27-19

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 3.2, pg13)
- ☒ ☐ ☐ 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, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Anthony Holder

Licensing Official

Kimberly Clark