



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Rankin Date 02.14.2020
Facility Name midyear TA License Number 153
Purpose midyear TA Capacity 153

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

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	2 year. 11. CG 1
2.	2-3 year. 12. CG 2
3.	3 year. 11. CG 3
4.	Infants. 15. CG 4, 5, 6, 7
5.	1 year. 6. CG 8
6.	1 year. 9. CG 9
7.	1 year. 9. CG 10
	2 year. 9. CG 11

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 type="checkbox"/>	<input checked="" 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>6</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Date 02.14.2020

Name _____	License No. _____
Address _____ <small>Center/Organization/Individual</small>	
Purpose <u>midyear Technical Assistance</u>	Director _____
Mileage Start <u>—</u>	Mileage End <u>—</u>
County <u>Rankin</u>	Telephone No. _____
Time In <u>8:54am</u>	Time Out <u>11:00 a.m.</u>
Total Time _____	

Findings/Comments Upon arrival, the licensing official(s) met with designee E. Gilbert. Director Mrs. Christie Copeland arrived during walkthrough. The purpose of this visit was acknowledged.

The following was observed:

LO- Licensing Official
COS-Corrected on Site
TA-Technical Assistance
POC-Plan of Correction
LOS-Letter of Suitability

Subchapter 9: Program of Activities

Deficiency: Rule 1.9.4(5)(D) - states in part, items such as, but not limited to soft objects shall not be in the crib.

Findings: The LO observed items such as toys were present in the crib.

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: The LO observed 5 students with an expired MSDH R/I form. Please submit within 14 days.

Subchapter 18: FEEDING OF INFANTS AND TODDLERS

Deficiency: Rule 1.18.3 Formula shall be labeled with the child's name, dated, and placed in the refrigerator upon arrival.

Findings: The LO observed bottles that were not labeled in the infant refrigerator.

Christie Copeland
Center Director/Designee/Individual

Jermaine Davis
Child Care Representative
Azela Ellis

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 02.14.2020

Facility Name _____

License No. _____

Subchapter 11: BUILDINGS AND GROUNDS
Deficiency: Rule 1.11.1 (8) States in part, ceilings,
floor, and/or floor covering shall be properly installed,
kept clean and in good condition, and maintained in
good repair.

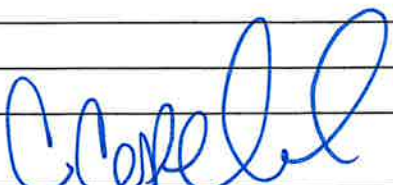
Findings: The LO observed stained
ceiling tiles in 4 year olds
classroom.

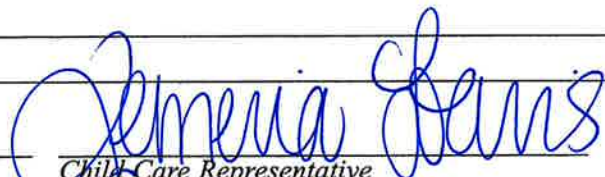
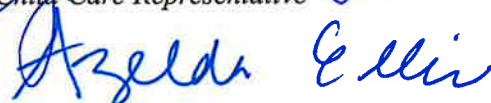
Please see next encounter for plans of corrections.

A follow up will be conducted.

Customer survey card provided to Mrs. Christie
Copeland.

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 THE LICENSE.


Center Director/Designee/Individual


Child Care Representative


White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 02.14.2020

Facility Name _____

License No. _____

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?

Rule 1.9.4(D) - The director stated, that she will immediately remove all items from each crib, then closely train and supervise staff. This correction will be put in place on today's visit Friday, February 14, 2020.

Rule 1.6.3(8) The director stated, that she will contact parents today, Friday, February 14, 2020, to get all MSDH 121 Form updated, and that she will monitor closely the due dates for all MSDH 121 forms on file for each student.

Rule 1.18.3 The director will have the staff to immediately label all bottles with missing names and dates of children. Also, trained staff on how each child bottle should be labeled. This will be done on today's visit Friday, February 14, 2020

Rule 1.11.1(8) The director will change all ceiling tiles on today's visit. Friday, February 14, 2020 with brown water spots. She, will also monitor weekly to make sure all ceiling tiles are in good condition.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name	Date
	Sunshine Learning Center 5635 Highway 80 East Pearl, MS 39208 Ph.: 601-939-0854 Lic.: 61CFPFA-0617 Director: Christie Copeland	2.14.20

CRITICAL VIOLATIONS

ACTION PLAN AND SCHEDULE

No Critical Violations
observed on today's
Visit.

- ☒ 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:

Certified Manager

Licence Number

Christie Copeland - Jimmy Safe
exp: 01/14/2021

Facility Signature

Environmental Signature

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

Child Care Licensing Playground Checklist

Sunshine Learning Center
5635 Highway 80 East
Pearl, MS 39208
Ph.: 601-939-0854
Lic.: 61CFPFA-0617
Director: Christie Copeland

Inspection Date 02.14.2020

Center Name _____

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2, pg 9-10 & 4.3)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg 14, 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 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 & CPSC 5.3.7, pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 4 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director _____

Licensing Official _____

Demeria Davis
Azelda Green