



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Hinds Date 4.4.2019

Facility Name Wood-Forest Preschool Academy License Number 25CDPFA-5519

Purpose Midyear Capacity 89

## 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 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

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

	Age/Child/Staff Name
1.	1 yr olds / 9 / Caregiver 1
2.	infants - 1 yr old / 7 / Caregiver 2
3.	3 yr olds / 14 / Caregiver 3
4.	2 yr olds / 7 / Caregiver 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>

Center Director/Individual Doni DavisChild Care Representative Josephine Woods



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 5

Date 4.4.2019

Name	<u>Wood-Forest Preschool Academy</u>	License No.	<u>25CDPFA-5519</u>
Address	<u>2040 Raymond Road Jackson, MS 39204</u>		
Center/Organization/Individual			
Purpose	<u>Midyear</u>	Director	<u>Doris Davis</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Hinds</u>	Telephone No.	<u>601.346.8103</u>
Time In	<u>8:34am</u>	Time Out	<u>1:20pm</u>
		Total Time	<u>—</u>

**Findings/Comments** Upon arrival LO met w/ Doris Davis, director. Stated the purpose of the visit, to conduct a midyear inspection, and a remeasurement of the facility.

While doing a walkthrough LO's got the count in each room. In the infant room, there were 7 infants to one yr olds. With one caregiver. Ratio is determined by the age of the youngest child in the room. Ratio was over by 2 children. (Rule 1.8.2 (3))

Also the infant room is measured for 5 children as the room capacity. Room capacity was over by 2 children. (Rule 1.11.2)

The one year old room capacity is 6 children, room capacity was over by 3 children.

Rooms were remeasured by LO's.

Facility has 2 new hires w/ no FBI letters. (Rule 1.5.2 1a1b) According to the regulations within 10 days from the date of hire prints and money order should be mail or delivered to MSPDH fingerprint unit.

(Rule 1.5.2 #2) Facility had a volunteer/sub alone w/ ~~5~~ 2 yr olds. No volunteer/sub shall be left alone with children at no given time until clearance letter is on file.

Doris Davis  
Center Director/Designee/Individual

[Signature]  
Child Care Representative  
Azela

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter  
(Continuation)

Date 4.4.2019

Facility Name Wood-Forest Preschool Academy License No. 25CBPFA-5519

Rule 1.6.3(8) Facility has 4 children with expired 121 form. Director has 10 days to submit expired 121 forms to LO. Facility has 24 missing 121 forms. Students may not return to the facility until forms are on file. These same violations were cited on, 10.17.2018, 4.11.2018, and 10.13.17.

A follow up visit will be conducted on making sure records are maintained and in order.

Technical assistance was provided on the following

outlets uncovered

light plate is needed in the lunch room.

thermometers were missing in some rooms

Facility new capacity is 89.

Green Summary Card was left w/ director.

A technical assistance will be scheduled at a later date.

Playground will be conducted at a later date.

Doris Dami  
Center Director/Designee/Individual

Joyce Wood  
Child Care Representative  
Azela Cero

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID #5519	Facility Name, Address Wood-Forest Preschool Academy 2040 Raymond Rd. 39204	Date 4.4.19
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>No Critical Violations observed on today's visit.</p> <p style="text-align: center; font-size: 2em;">A</p>	
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<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	<p>S. King-Milton - Serv. Safe          Certified Manager Honer Licence Number</p> <p style="font-size: 1.5em;">exp. 2/11/2024</p>		
Permit Date	Environmentalist Code	<table border="1"> <tr> <td>Facility Signature Dawn Davis</td> </tr> <tr> <td>Environmentalist Signature Gregory M. Cook</td> </tr> </table>	Facility Signature Dawn Davis	Environmentalist Signature Gregory M. Cook
Facility Signature Dawn Davis				
Environmentalist Signature Gregory M. Cook				
Please Remit within 10 days to:		White Copy - Facility Yellow Copy - PIMS Pink Copy - Environmentalist		