



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

ISABELL'S FRIENDS

License #: 7134

Director: LLOYDENE FELDER

Inspection Date: 04/27/2023

Annual/Mid Inspection

Inspector: LeKesha Sandifer

### Program Administration Violations Cited

1. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

#### Plan of Correction

1. **POC:** Documents needed for renewal: \*fire form #333 \*remainder contact hours \*copy of van insurance card 2 children with expired 121 forms Documents should be submitted by 6/16/23 your license expires 6/30/23  
**Person Responsible:** Owner/Director **Date for Completion:** 6/16/23

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

### Preschool Classroom Violations Cited

No violations cited.

Preschool Classroom - Classroom Number: 1

### **Legend**

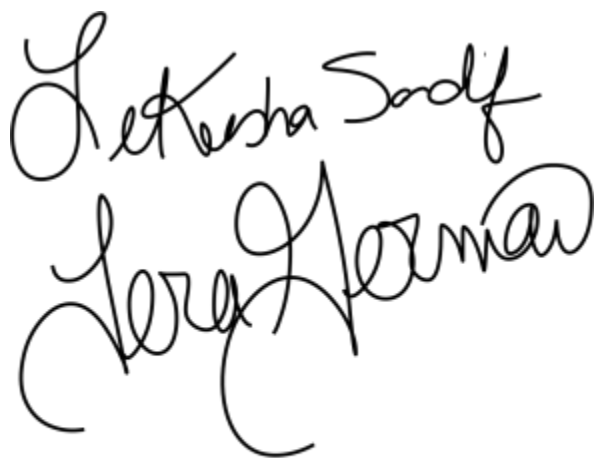
- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

A handwritten signature in black ink that reads "Sue Brister". The script is cursive and fluid.

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### **MSDH Licensure Representative Signature**

Two handwritten signatures in black ink. The first signature reads "Letisha Sady" and the second signature reads "Lora Norman". Both are written in a cursive style.

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