

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

	0.11/2.0010
County SUMHO	Date
Facility Name NAM H CINCLE	License Number 00 474-0770
Purpose CO	apacity [4]
All Items In Red Are Critical  Qualified director present  Proper staff to child ratio present	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning Waste water system approved	Lighting approved  Heating/cooling approved  Ventilation adequate  Glass approved and shielded  Telephone on premises, available, and functioning
and functioning Food service approved  Possible Monetary Penalty  Appetatus Penalty	Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly  Hot water at all sinks, not to
Monetary Penalty  1  2  \$	exceed 120° Children barred from kitchen Vending machine snacks meet
3\$	nutritional guidelines, if present  Exits, doors and fastening devices single action approved and in good working order
5\$	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers
Age/Child/Staff Name  1. With A 1-246 (8) 2 CAPUTVES  2. INH B 3-446 (17) 2 CAPUTVES	and thermometers placed properly and in good working order
3. Wisk C 3 years (14) 2 CAREFORDS 4. MINE E 45 WALL (14) 2 CAREFORD	Playground area clean, shaded, well drained and equipped and fence in good repair (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
5. JUNE & 1- LYEARY (7) 2 CARRESTER	Playground equipment meets standards  Pool area clean, fenced, and adequately
7.	maintained
Center Director/Individual Belvice Shull White Copy - Facility File Yellow Copy - Facility Operator	number and exhally supplied (number

Mississippi State Department of Health

12-10-08

Form No. 281

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

District of	Ciliu Care Encounter	0 11 00 10
District	4-2	Date_9-16-2019
Name Mame Hand Hard	NED License No. OUC	4DH-0780
Address Old 174th St. Sr	Om MS 38 9 93  Center/Organization/Individual	
Purpose UNIA TA	Director Netto NA	iler
Mileage Start	Mileage End_	
County BUNAC	Telephone No. (UM) 754	-3672
Time In 905 PM Time	me Out Total Time_	
Findings/Comments W MUMB	e for visit II for lengual	Inspection. Licensong
SubChapter 10: Post Pea	iod Egupment	
Two 1.10.90) States In	PART CHILDREN are not prions	ed to sheep on Shapped
Finding: Licenton obsert boph fillow inside of Ch	hed IN UNIT ONE CHILD	Steeping IN A
Plan of Collection: Per Mr steeping in any she that the dies may o	MS. Shan sha mu mure suite the years shawn muntain Could Again.	Staff to malesture
SUbChapiel 5: Staff () fue 1:318 (2) Stafe) Dr To Comprete 15 Contact The licensule year.	evelopment PALL ALL CHURCAPE STAFF Nous of STAFF Owelopment	houlbe lequiported ACCLUEY during
Ginding: Licentung obse	elved some Staff Wo All AN	way staff development.
Ran of correction: Per of newself of new of I cense exponention	MS. Shand SN Will Competer Share Street Street	Hernongs Online
Bernice Shaw Center Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator
Mississippi State Department of Health	Revised 6-24-09	Form No. 287



Page 2 of 2

Date 9-16-2019

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Facility Name Sha	n Headstalt Center	License No. 06 04 17	F-0780
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## MISSISSIPPI STATE DEPARTMENT OF HEALTH

Cial	Child	Care Pr	ogram	Review	
Facility Name Show	Head Stalet	ienter	License No.	0000	

\_\_\_\_ Date <u>9-14-2019</u>

Yes/ No N/A
1. Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2. 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. Approved arrival and departure procedures {Rule 1.4.1 (2)}
4. Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5. Attendance records for children and staff {Rule 1.6.3 (1)}
6. Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.
8. A
9. D Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10. Immunization Records for Children and Staff (Rule 1.6.3 (8))
11. Personnel records (attach employee's records form) {Rule 1.6.4}
12.
13. Children records (attach children's records form) {Rule 1.6.7}
14.   Reports of serious occurences made as required {Rule 1.7.1}
15.  Communicable diseases reported as required {Rule 1.7.3}
16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.  Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.  Age appropriate program of activities posted in each room {Subchapter 9}
19.  Required toys present in infant room {Rule 1.10.1 (2)}
20. Z Required toys present in toddler room {Rule 1.10.1 (3)}
21. Required toys present preschool room {Rule 1.10.1 (4)}
22.   Licensed pest control contractor {Rule 1.11.14}
23. Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24. Appropriate discipline policy followed {Subchapter 14}
25. Appropriate transportation policy followed {Subchapter 15}
26.  Infant feeding schedules posted (Appendix C, VII)
Comments/Recommendations Please Submit Staff Clev. to level 887
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THE HIM, DEPART WITH OLD COND. (DAD) (PERTHAMINIO, COT)
Pass - Pending Swomstand A documentation  License to be issued: Regular Probational Restricted  Fail  Follow-up within days  Augustus  Follow-up within days
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Fail Regular Probational Restricted
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Designee Designee

☐ Director

Child Care Representative

## **Food Service Facility Inspection Results**

PIMS ID Fa	cility Name, Address	576 FATSON St. Date 9-14-2019
CRITICAL VIC	NIVI ID CAILLY	CODDECTION BLAN AND SCHEDULE
NO Chitical Observed.	Molations	Met Compland  Addity Red a 'A'
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training Permit Date  Please Remit within 10 days to:	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00  Environmentalist Code	Certified Manager  Licence Number  Licence Number  Environmentalist Signature  White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist

## **Child Care Licensure Playground Checklist**

Ce	enter l	Vame	<u>SN</u>	AN HEARTHART CLAHER Inspection Date 9-16-M9
YE	S NO	) N/A	1.	Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
Z			2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
9			3,	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
L			4.	AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
		d	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)
d			6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
L			7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
Z			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)
		Z	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC)
d			10.	3.4, 3.5, pg 16) Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
1			11.	If swings are present, are S-hooks in good repair? If not, state deficiency
-1			10	2.5.2, pg 1 & 5.3.8.1, pg 37)
У.	Ц		12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency  (CPSC5.3.6.4-5 pgs 34-35)
Z,			13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
Z			14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate  (Rule 1.10.2, pg 46
1			15.	& CPSC 2.2.6, pg 6) Is playground area clean & free of hazards? If not, state deficiency.
				(Rule 1.11.11 (1), pg 61)
$ \not$			16.	Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
				Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
		7	18.	Is wood smooth? Documentation provided that wood has been properly treated, (CPSC 2.5.5 pg.15)
Direc	tor	Be	mi	Is wood smooth? Documentation provided that wood has been properly treated, (CPSC 2.5.5, pg 15)  Licensing Official