



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility InspectionCounty HarrisonDate 8-27-20Facility Name Little Tee Pee-Biloxi High License Number 4466Purpose Renewal (virtual) Capacity 51**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	☒	☐	☐	☐
Proper staff to child ratio present	☒	☐	☐	☐
Room and playground capacity met	☒	☐	☐	☐
Center capacity met	☒	☐	☐	☐
License/complaint visible	☒	☐	☐	☐
Certified food manager	☒	☐	☐	☐

Sanitation Approved

Garbage and garbage bins maintained	☒	☐	☐	☐
Vector control maintained	☒	☐	☐	☐
Water system approved and functioning	☒	☐	☐	☐
Waste water system approved and functioning	☒	☐	☐	☐
Food service approved	☒	☐	☐	☐

Possible Monetary Penalty

1. _____ Monetary Penalty \$ _____

2. _____

3. _____

4. _____

5. _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	☒	☐	☐	☐
Evacuation plans posted	☒	☐	☐	☐
Menus posted and served	☒	☐	☐	☐
Plan of activities	☒	☐	☐	☐

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	☒	☐	☐	☐
Lighting approved	☒	☐	☐	☐
Heating/cooling approved	☒	☐	☐	☐
Ventilation adequate	☒	☐	☐	☐
Glass approved and shielded	☒	☐	☐	☐
Telephone on premises, available, and functioning	☒	☐	☐	☐
Electrical outlets protected	☒	☐	☐	☐
Large appliances located properly	☒	☐	☐	☐
Sinks and toilets working properly	☒	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☒	☐	☐	☐
Children barred from kitchen	☒	☐	☐	☐
Vending machine snacks meet nutritional guidelines, if present	☐	☐	☐	☒
Exits, doors and fastening devices single action approved and in good working order	☒	☐	☐	☐
Exits unobstructed	☒	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	☒	☐	☐	☐
First aid kits stocked and easily accessible	☒	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	☒	☐	☐	☐
Playground equipment meets standards	☒	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
Diaper changing stations adequate in number and each fully supplied (number _____)	☐	☐	☐	☒

Center Director/Individual _____

Child Care Representative _____

White 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 9Date 8-27-20

Name	<u>Little Tee Pee - Biloxi High School</u>	License No.	<u>4466</u>
Address	<u>1845 Tribe Dr. Biloxi, MS</u>		<u>39532</u>
Purpose	<u>Renewal (Virtual)</u>	Center/Organization/Individual	
Mileage Start	<u>N/A</u>	Director	<u>Tracy Rushing</u>
County	<u>Harrison</u>	Mileage End	<u>N/A</u>
Time In		Telephone No.	<u>228-374-6924</u>
Time Out		Total Time	

Findings/Comments

No violations observed during inspection.

Renewal Application
Fee
Fire Survey
None

Submit to license official

Center Director/Designee/Individual

Margaret Ford
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator