



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County	<u>Tippah</u>	Date	<u>1-5-2021</u>
Facility Name	<u>Mother Goose Daycare</u>	License Number	<u>0049</u>
Purpose	<u>Mid-Year</u>	Capacity	<u>38</u>

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
Rm 1	5 yo / 1 / Caregiver #1
Rm 2	2 yo / 7 / Caregiver #2
Rm 3	Infant / 4 / Caregiver #3
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 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 checked="" type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>1</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

White Copy - Facility File

Mississippi State Department of Health

Yellow Copy - Facility Operator

12-10-08

Child Care Representative

Form No. 381



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 1-5-2021

Name Mother Goose Daycare License No. 00491
 Address 711 Terry Street Ripley, MS 38663
Center/Organization/Individual
 Purpose Mid-Year Director _____
 Mileage Start _____ Mileage End _____
 County Tippah Telephone No. 662-837-4155
 Time In 2:02 Time Out 3:15 Total Time _____

Findings/Comments Here for a mid-year inspection.

Upon arrival, CCFI met with Director Designee,
Janet Clifton.

- Kitchen received an "A", no critical violations in the kitchen
- Children 121's in compliance
- Staff 121's in compliance
- Staff LOS in compliance

Subchapter 11: Building and Grounds

Deficiency: Rule 1.11.8 (9) states in part... "Thermometers
 must be placed on interior walls."

Findings: Based on observations while touring facility,
 Rooms #1, #2, & #3 did not have thermometers
 posted on interior wall.

Plan of Correction: The owner and/or Director Designee will
 post thermometers on interior wall of each room by
 Tuesday, January 12th, 2021. gpc

Janet Clifton
 Center Director/Designee/Individual

Kimberly Clark
 Child Care Representative
Kristen Taylor
 Revised 6-24-09

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 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 1/5/2021Facility Name Mother Goose DaycareLicense No. 0049

Subchapter 11: Buildings & Grounds

Deficiency: Rule 1.11.9 states in part... "All playgrounds... shall meet standards set forth in the handbook of Public Playground Safety."

Findings: Based on observations while touring the facility the playground fence gate was not connected properly to fence post and could not be opened properly. Also post was observed not connected to fence cap.

Plan of Correction: Owner and/or Designee will have fence gate repaired, to ensure it will open and close correctly. Also, fence post will be capped off. These will be corrected/fix by Friday, Feb. 5th.

gc

Kristen Taylor - kristenw.taylor@msdh.ms.gov
662-596-1153

Technical Assistance:

- Observed bottles not labeled with name/date
(Subchapter 18; Rule 1.18.3)

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

Received copy of current CTR/First Aid Card.

Received copy of Director's qualifications and Child Care Regs. Cert. and copy of Director's application.

"Class I and II ~~violations~~ may result in a monetary penalty. Repeated violations may result in doubling of monetary penalty, suspension or revocation of license."

Janet Clifton
Center Director/Designee/Individual

Kimberly Clark
Child Care Representative
Kristen Taylor

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID C049	Facility Name, Address Matter Goose Baycare 711 Terry St. Ripley, MS 38663	Date 1-5-2021
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CRITICAL VIOLATIONS

Kitchen received an "A"
No critical violations
in the kitchen.

CORRECTION PLAN AND SCHEDULE

<input 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 checked="" 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
Permit Date	Environmental Code KP2
Please Remit within 10 days to:	

J. Clifton
Certified Manager

C049
Licence Number

Facility Signature <u>Janet Clifton</u>
Environmental Signature <u>Kimberly Pluk</u>

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

Child Care Licensure Playground Checklist

Center Name Mother Goose Daycare Inspection Date 1-5-2021

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 3.2, pg13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 5.3.6.4-5 pgs 34-35) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1.10.2, pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is playground area clean & free of hazards? If not, state deficiency.
(Rule 1.11.11 (1), pg 49) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5) |

Director Janet Clifton Licensing Official Kimberly Clark, BDD

Kimberly Clark