



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Alcorn Date 10/1/19

Facility Name Little Blessings License Number 7194

Purpose 6 month Capacity 100

### 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

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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. | 6   5 #1             |
| 2. | 6   1 #2             |
| 3. | 4   infants #3       |
| 4. | 8   2 #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

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Walls, ceilings, floors, toys, equipment clean and in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> |

|   | In                                  | Out                      | COS                      | N/A                                 |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Exits, doors and fastening devices single action approved and in good working order | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | In                       | Out                      | COS                      | N/A                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| First aid kits stocked and easily accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | In                       | Out                      | COS                      | N/A                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Playground area clean, shaded, well drained and equipped and fence in good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                      | In                       | Out                      | COS                      | N/A                      |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Playground equipment meets standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | In                       | Out                      | COS                      | N/A                                 |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Pool area clean, fenced, and adequately maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Diaper changing stations adequate in number and each fully supplied (number _____) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 2Date 10/7/19

|               |                                      |               |                      |
|---------------|--------------------------------------|---------------|----------------------|
| Name          | <u>Little Blessings</u>              | License No.   | <u>2194</u>          |
| Address       | <u>1110 Popper Street Cornith ms</u> |               |                      |
|               | Center/Organization/Individual       |               |                      |
| Purpose       | <u>Comonth</u>                       | Director      | <u>Lakisha Smith</u> |
| Mileage Start |                                      | Mileage End   |                      |
| County        | <u>Alcorn</u>                        | Telephone No. | <u>662-808-1249</u>  |
| Time In       | <u>12:00</u>                         | Time Out      | <u>1:30</u>          |
|               |                                      | Total Time    |                      |

**Findings/Comments** Here for a PR inspection. Upon arrival license official met w director.

121's & 20's for staff in compliance. License official called one staff member was missing a cos but the letter hasn't been sent but it did clear in the fingerprint unit.

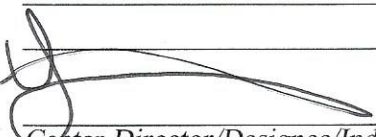
121 children 1 child needs an updated form the facility has 14 days to send to license official. If the facility doesn't receive the 121 from the child may not return till the 121 form is received.

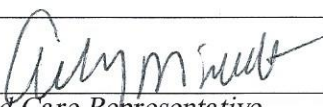
TA was provided on staff letting people in the door. The facility must buzz people in by remote or line up all children including school age to let anyone in the door.

License official observed a special needs child in wheelchair the facility did not have an IEP, 504 plan or any paperwork. Please receive copy and keep in the child's file. License official will speak to the inclusion center on any training for staff to help w the child.

Witch received an "A"

Class I and II violations may result in a monetary penalty. Repeated violations may result in the shutting of a monetary penalty, suspension or revocation of the license.

  
Center Director/Designee/Individual

  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

|                 |  |                 |
|-----------------|--|-----------------|
| PIMS ID<br>7194 | Facility Name, Address<br>Little Blessings | Date<br>10/7/19 |
|-----------------|--|-----------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations on this inspection  
 with  
 "A"

|  |  |
|--|--|
| <input type="checkbox"/> 92020 Scheduled           | <input type="checkbox"/> 92010 Permit No Charge  |
| <input type="checkbox"/> 92030 Followup            | <input type="checkbox"/> 92015 Permit 1 \$30.00  |
| <input type="checkbox"/> 92040 Complaint           | <input type="checkbox"/> 92011 Permit 2 \$100.00 |
| <input type="checkbox"/> 92050 Consultation        | <input type="checkbox"/> 92012 Permit 3 \$150.00 |
| <input type="checkbox"/> 92070 Plan Review/Const.  | <input type="checkbox"/> 92013 Permit 4 \$200.00 |
| <input type="checkbox"/> 92080 No Inspection       |  |
| <input type="checkbox"/> 92090 Restaurant Training |  |
| Permit Date  | Environmental Code                               |

L. Smith Certified Manager      Tracy S. H. Licence Number

|   |
|---|
| Facility Signature<br><i>[Signature]</i>      |
| Environmental Signature<br><i>[Signature]</i> |

Please Remit within 10 days to:

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