



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Madison Date 3/13/2021  
 Facility Name Madison Oak Preschool License Number 45CDPFM-6755  
 Purpose Midyear Inspection Capacity 57

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present (B. Martin arrived at approx 11:32)	<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.	12 months / 10 / Caregiver #1, #2 (TA)
2.	1yrs / 9 / Caregiver #3, #4
3.	3yrs / 8 / Caregiver #5
4.	2yrs / 11 / Caregiver #6, #7
5.	4yrs / 16 / Caregiver #7 (lunchmeal)
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 (TA)	<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"/>
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 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"/>

	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 (TA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" 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 <u>3</u> )	<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 5Date 03/03/2021

Name <u>Madison Oak Preschool</u>	License No. <u>45COPFM-6755</u>
Address <u>122 Lone Wolf Drive Madison, MS 39110</u>	
Center/Organization/Individual	
Purpose <u>Midyear Inspection</u>	Director <u>Brooke Martin, Melody Tarkenton</u>
Mileage Start _____	Mileage End _____
County <u>Madison</u>	Telephone No. <u>601-499-4465</u>
Time In <u>11:22am</u>	Time Out <u>12:50pm</u>
Total Time _____	

**Findings/Comments** The purpose of the visit is to conduct a midyear inspection. The MSDH LO met with Brenda Martin, D. Designee. The purpose of the visit was acknowledged and the following observations were made: Please note, Facility director/owner Brooke Martin arrived at approx. 11:32am.

- No critical violations were observed regarding the facility building and grounds.
- Technical assistance was provided regarding the placement of electrical fans within the reach of children (COS) and the storage of utility items.
- Technical assistance was provided regarding the placement of thermometers in all rooms (3yr old room) (COS)
- No critical violations were observed regarding the facility kitchen area.
- Technical assistance provided regarding the removal of canned foods from the floor area (must be at least 3 inches stored at least 3 inches above the floor and labeling/dating of food items (first in - first out).
- Staff record: All observed staff records were in ~~compla~~ compliance with the MSDH regulatory guidelines. The facility will have 14 days to provide a copy of the current staff roster.
- Children's records: The facility will have 14 days to provide a copy of the current child roster and the required Form 12115 for the listed children (See Form 289)

B  
Center Director/Designee/Individual

YB M CCEII  
Child Care Representative

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



Center Name Madison Oak Preschool # 6755 Inspection Date 03/03/2021

YES NO N/A

- |                                     |                                     |                                     |     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 1)  |
| <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 3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency. <u>Recommendation for general cleaning and maintenance due to recent rains/ weather.</u> (Rule 1.11.11 (1), pg 4) |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)  |

Director

Licensing Official

[Signature] CCF II

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Madison Oak Preschool 122 Lone Wolf Drive Madison, MS 39110	Date 03/03/2021
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## CRITICAL VIOLATIONS

- No critical violations were observed regarding the facility kitchen area.

- Letter grade "A" rec'd

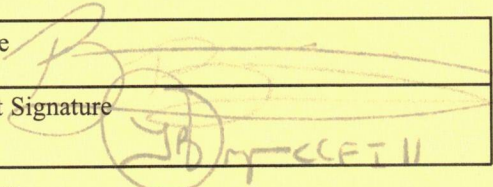
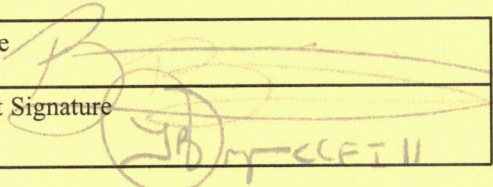
## CORRECTION PLAN AND SCHEDULE

- See Encounter (Form 287) regarding recommendations.

<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 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	Environmentalism Code TB, QS
Please Remit within 10 days to:	

Sandra Wood  
Certified Manager

Timmy Sato  
Licence Number  
Exp. 03/17/2023

Facility Signature	
Environmentalism Signature	

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy - Environmentalism