



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ForrestDate 8/21/17Facility Name Hawkins EHSLicense Number 18C31H-6950Purpose RenewalCapacity 28

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

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

Sanitation Approved

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.	Infants	6	Greene & Bivens
Rm. 2.	Toddlers	7	Patterson & Logan
Rm. 3.	Toddlers	4	Cookley & Hopson
4.	1 yr. olds		
5.	1 yr. olds		
6.			
7.			

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

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

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

Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available, and functioning

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

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

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

Exits unobstructed

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

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

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

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

Playground equipment meets standards

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

Pool area clean, fenced, and adequately maintained

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

Diaper changing stations adequate in number and each fully supplied (number 3)

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

Center Director/Individual A.E.Child Care Representative Amiey Fournier



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8 Date 8/21/17

Name Hawkins EHS License No. _____
 Address 526 Forrest Street, Hattiesburg, MS 39401
 Director: LaKisha Everett

Purpose Renewal Director _____

Mileage Start _____ Mileage End _____

County Forrest Telephone No. _____

Time In 10:00 Time Out _____ Total Time _____

Findings/Comments Sub-Chapter 11: Buildings & Grounds
Deficiency: Rule 1.11.9(5) states in part "exposed bolt
ends may be cut to no more than two exposed
threads. Then the bolt ends shall be ground/sanded
smooth or capped."

Findings: Based on observation while touring facility,
 observed exposed bolt ends exceeding two threads
 exposed on inside of gated opening.

P.O.C. Ms. LaKisha Everett agreed to contact maintenance
 in regards to having all noted bolt ends shaved
 down to no more than two threads exposed
 and then smooth or cap ends. This will be
 completed by Sept. 1, 2017. A picture will be
 provided. (OK 8-25-17)

TA was provided on exposed bolt ends. Refer to
 Rule 1.11.9(5).

Please submit application package by Sept. 30, 2017.
 Also send all staff contact hours via email to Sharetha.Bennett@
 msd.h.ms.gov.

Class I & II violations may result in a monetary penalty.

L. Everett
 Center Director/Designee/Individual

Sharetha Bennett
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 8/21/17

Facility Name _____ License No. 6950

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

A survey card was given to the director, Lakisha Everett.

L. Everett
Center Director/Designee/Individual

Luisa Sanssaint
Child Care Representative
Shanequa Bernier

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Hawkins EHS License No. 18C31H-6950 Date 8/21/2017

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (Appendix C, VII)

Comments/Recommendations _____

☒ Pass –
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

S. Everett
☒ Director ☐ Designee

Luise Foussant
 Child Care Representative
Shanika Benness

Child Care Licensure Playground Checklist

Center Name Hawkins EHS Inspection Date 8/21/17

- | 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 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 type="checkbox"/> | <input checked="" 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 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 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 L. Everett Licensing Official Lindsay Lonsant
Shawna Bennis