



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**County LeFloreDate 7/8/80Facility Name Agape Love Learning & DevelopmentalLicense Number 42CEPFWA-5801Purpose RenewalCapacity 106**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.	Four / 7 / one caregiver
2.	three / 8 / one caregiver
3.	one / 6 / one caregiver
4.	infants / 3 / one caregiver
5.	Five / 4 / one caregiver
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"/>
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 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"/>
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 checked="" type="checkbox"/>	<input 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 <u>Rain</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards <u>Rain</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>3</u> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual \_\_\_\_\_

Child Care Representative ShelbyWhite 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 3Date 7/8/2020Name Agape Love Learning & Developmental License No. 42CEPFWA-5801Address 705 Bowie Lane Greenwood, MS 38930  
Center/Organization/IndividualPurpose Renewal Director Cassandra Fisher

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County LeFlore Telephone No. 662-451-7777Time In 10:27 Time Out \_\_\_\_\_ Total Time \_\_\_\_\_Findings/Comments This is a virtual renewal inspection.The licensing official did not observe any concerns with the building or kitchen during the virtual inspection.The playground was not observed due to raining outside. Playground will be observed at next inspection.The facility does not cook and is on a Food Program.If any concerns or questions please contact the licensing agency at 601-364-2827 or the licensing official at shundra.givens@msdhs.ms.govVirtual Inspection  
Center Director/Designee/IndividualShundra Givens  
Child Care RepresentativeWhite Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Agape Love Learning + Developmental License No. 42CEPFLWA-5801 Date 7/8/2020

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policies and procedures (Parent's Handbook)</b> {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"/>	<b>Medication record with date, time, signature for 90 days</b> {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"/>	<b>Personnel records (attach employee's records form)</b> {Rule 1.6.4}
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Children records (attach children's records form)</b> {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Communicable diseases reported as required</b> {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"/>	<b>Staff present who hold valid CPR and First Aid Certification</b> {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<b>Appropriate discipline policy followed</b> {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appropriate transportation policy followed</b> {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

☒ Director ☐ Designee

Virtual Inspection

Shudh  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID <i>42CEPFWA-5801</i>	Facility Name, Address <i>Apple Love Learning &amp; Developmental</i> <i>705 Bowie Lane Greenwood, MS 38930</i>	Date <i>7/8/2020</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><i>No violations</i></p>	<p><i>"A"</i></p>
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<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 <i>SG3</i>
Please Remit within 10 days to:	

*Cassandra Fisher* *Timmy Sate*  
 Certified Manager Licence Number

Facility Signature <i>Virtual Inspection</i>
Environmental Signature <i>Shirley B</i>

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



## Child Care Licensure Playground Checklist

Center Name Agape Love Learning & Developmental Inspection Date 7/8/2020

YES NO N/A

- |                          |                          |                          |     |   |
|--------------------------|--------------------------|--------------------------|-----|---|
| <input 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 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 type="checkbox"/> | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)   |
| <input 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 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 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 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 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 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 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 type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency<br>(CPSC 5.3.6.4-5 pgs 34-   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate<br>(Rule 1.10.2, pg   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Is playground area clean & free of hazards? If not, state deficiency.<br>(Rule 1.11.11 (1), pg  |
| <input 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 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 type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPS 2.5.5)   |

Director Virtual Inspection Licensing Official Shirley B.

\* Playground not observed due to rain \*