



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County _____	Alphabest West Wortham Elem 20199 West Wortham Road, Saucier, MS 39507	Date <u>3-27-18</u>
Facility Name _____	228-213-1405 Lic. No.: 4543 Director: Tonya McNeal	License Number _____
Purpose <u>midyear</u>	Capacity <u>50</u>	

**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"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Possible Monetary Penalty**

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. <u>0</u>	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Lighting approved  
Heating/cooling approved  
Ventilation adequate  
Glass approved and shielded  
Telephone on premises, available,  
and functioning

<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°

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<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 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

<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"/>

First aid kits stocked and easily accessible

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Playground equipment meets standards

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately  
maintained

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in  
number and each fully supplied  
(number \_\_\_\_\_)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Center Director/Individual

T. McNeal

Child Care Representative

Amber K. Smith

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281