



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Forrest

Connie's Child Care
321 S. 23rd Avenue, Hattiesburg, MS 39401
601-544-0450 Lic. No.: **18RBPf-1299**

Date 01.30.20

Facility Name _____

Director: Connie Chisolm

Number _____

Purpose Mid YearCapacity 20**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

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.	Room 1 Infant-3
2.	Room 2 2yr -
3.	
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

Walls, ceilings, floors, toys, equipment clean and in good repair ☒ ☐ ☐ ☐

Lighting approved ☒ ☐ ☐ ☐

Heating/cooling approved ☒ ☐ ☐ ☐

Ventilation adequate ☒ ☐ ☐ ☐

Glass approved and shielded ☒ ☐ ☐ ☐

Telephone on premises, available, and functioning ☒ ☐ ☐ ☐

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 ☒ ☐ ☐ ☐

Exits unobstructed ☒ ☐ ☐ ☐

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

First aid kits stocked and easily accessible ☒ ☐ ☐ ☐

Playground area clean, shaded, well drained and equipped and fence in good repair ☒ ☐ ☐ ☐

Playground equipment meets standards ☒ ☐ ☐ ☐

Pool area clean, fenced, and adequately maintained ☐ ☐ ☐ ☒

Diaper changing stations adequate in number and each fully supplied (number 1) ☒ ☐ ☐ ☐

Center Director/Individual Connie ChisolmChild Care Representative Shavetha Bennett
Zyonia Bennett



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 1.30.20

Name Connie's Child Care
 Address 321 S. 23rd Avenue, Hattiesburg, MS 39401
601-544-0450 Lic. No.: 18RBPF-1299
 Director: Connie Chisolm

Purpose Mid year

Mileage Start _____ Mileage End _____

County Forrest Telephone No. _____Time In 12:30 Time Out 1:15 Total Time _____Findings/Comments Mid-year Inspection Conducted.All in compliance during inspection.Survey card was given to director.

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

Connie Chisolm
 Center Director/Designee/Individual

Shaneeth Bennis
 Child Care Representative
Jyonia Everett

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date 01.30.20
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CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
no critical violations	n/a the facility issued a grade "A"

<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 SBB
Please Remit within 10 days to: 7	

Leanne Chabon
Certified Manager

Timmy Ste
Licence Number
exp Jan. 26, 2021

Facility Signature <u>Leanne Chabon</u>
Environmental Signature <u>Shaneisha Bennet</u>

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

Connie's Child Care
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Director: Connie Chisolm

Center Name _____

Inspection Date 01.30.20

YES NO N/A

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), 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, pg 8) |
| <hr/> | | | | |
| <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 3) |
| <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 13) |
| <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) |
| <hr/> | | | | |
| <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, pg 3) |
| <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 3.6.4-5 pgs 3) |
| <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 _____ (Rule 1.11.11 (1), pg 1) |
| <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 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5) |

Director Connie Chisolm

Licensing Official Shavetha Penn
Symonia A. Bennett