



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

ALPHABEST-THREE RIVERS ELEMENTARY

License #: 4558

Director: CHERRI SEYMOUR

Inspection Date: 09/22/2021

Annual/Mid Inspection

Inspector: Amanda Smith

### Program Administration Violations Cited

1. **COS:** Valid, up-to-date fire inspection form (#333) is on file. (Rule 1.2.5 Page 10)
2. **COS:** All staff members have a valid Letter of Suitability on file. (Rule 1.5.2 Page 21)
3. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)
4. **Out of Compliance:** All child records are present and up-to-date. (Rule 1.6.7 Page 32)

#### Plan of Correction

1. **POC:** Ms. White will work with site director to ensure the student files are physically located at the facility.  
**Person Responsible:** Nicole White **Date for Completion:** Immediately

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

### School Age Room Violations Cited

Cafeteria - Classroom Number: 1

No violations cited.

School Age Room - Classroom Number: 1

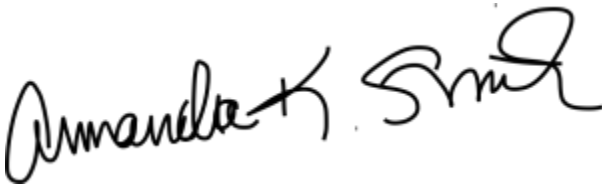
### **Legend**

- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

A stylized, handwritten signature in black ink, consisting of a large loop followed by a series of horizontal strokes.

### **MSDH Licensure Representative Signature**

A handwritten signature in black ink that reads "Amanda K. Smith" in a cursive script.