



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County LauderdaleDate 12/4/2020Facility Name New DestinyLicense Number 6825Purpose RenewalCapacity 70**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"/>
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<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"/>

**Possible Monetary Penalty**

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
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"/>
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<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"/>

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

Center Director/Individual Shenequa D. DavisChild Care Representative Lakisha Everett



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 6Date 12/4/2020

Name <u>New Destiny Day Care</u>	License No. <u>38CDRF-6825</u>
Address <u>420 58<sup>th</sup> Ave</u>	<u>Meridian, MS 39307</u>
Purpose <u>Renewal</u>	Director <u>Theresa Drummond</u>
Mileage Start _____	Mileage End _____
County <u>Lauderdale</u>	Telephone No. <u>601 286 3203</u>
Time In _____	Time Out _____
Total Time _____	

## Findings/Comments

The licensing official came to conduct a Renewal Inspection. The licensing official was greeted by Theresa Drummond, Director.

No violations observed during this inspection

Great Job!

Please submit contact hours, Fire Form 333, and Menu's.

Theresa Drummond  
Center Director/Designee/Individual

Lakisha Everett  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name New Destiny Day Care License No. 38CDRF 6825 Date 12/4/20

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

Theresa D. Davis L. Everett  
 Child Care Representative



# Food Service Facility Inspection Results

PIMS ID <b>38CDRF-6825</b>	Facility Name, Address <b>New Destiny Day Care 420 58th Ave Meridian, MS</b>	Date <b>12/4/2020</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

*No violations observed during this inspection*

*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 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
Please Remit within 10 days to:	

*Theresa Drummond Tommy Safe*  
 Certified Manager      Licence Number

*Expires 10/1/2025*

Facility Signature <i>Theresa Drummond</i>
Environmental Signature <i>Lakisha Everett</i>

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

# Child Care Licensing Playground Checklist

Center Name New Destiny Day Care Inspection Date 12/4/2020

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1119(8) pg 48) In good repair with no gaps? (Rule 1119(8) pg 48)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119(8) pg 48)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg3)
- ☐ ☐ ☒ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119(3) pg 47)
- ☐ ☐ ☒ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 36)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15)
- ☒ ☐ ☐ 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 1119(3) pg 47)
- ☐ ☐ ☒ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 32 pg13)
- ☒ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency \_\_\_\_\_ (CPSC 536 4-5 pgs 34-35)
- ☒ ☐ ☐ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1102, pg 36)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency \_\_\_\_\_ (Rule 1111(1), pg 49)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 36)
- ☐ ☐ ☒ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 255)

Director Sheneé Davis

Licensing Official

Lakisha Everett