MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Jackson Date Nov 7 08

Facility Name Ocean Springs Park & Leisure License Number 0503

Purpose Renewal Capacity 114

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	☑	☐	☐	☐
Proper staff to child ratio present	☑	☐	☐	☐
Room and playground capacity met	☑	☐	☐	☐
Center capacity met	☑	☐	☐	☐
License/complaint visible	☑	☐	☐	☐
Certified food manager	☐	☐	☐	☑
Sanitation Approved				
Garbage and garbage bins maintained	☑	☐	☐	☐
Vector control maintained	☑	☐	☐	☐
Water system approved and functioning	☑	☐	☐	☐
Waste water system approved and functioning	☑	☐	☐	☐
Food service approved	☐	☐	☐	☑

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	Form #277
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	☑	☐	☐	☐
Evacuation plans posted	☑	☐	☐	☐
Menus posted and served	☐	☐	☐	☑
Plan of activities	☑	☐	☐	☐
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 _____)	☐	☐	☐	☑

Center Director/Individual Jim Straight Child Care Representative [signature]

White Copy - Facility File *Yellow Copy - Facility Operator*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9 Date Nov. 7, 18

Name Ocean Springs Park & Leisure License No. 0803

Address 400 Alice St. Ocean Springs 39564
Center/Organization/Individual

Purpose Renewal Director Geri Straight

Mileage Start ___ Mileage End ___

County Jackson Telephone No. 228-875-8665

Time In 2:20 Time Out ___ Total Time ___

Findings/Comments

Staff Records - in compliance
- Seven new employees have mailed their fingerprints - They can't be left alone with children until they have a valid LOS Rule 15.2
You have 60 days to send to me.

For new ~~the~~ Director please send -
1) LOS
2) MSDH 121
3) Qualification
4) MSDH Training - Regulations, Director Orientation, Playground Safety

Children Records - in compliance

Playground - was not inspected due to the weather

Building - no violations observed

For Renewal
1) Fire Form #333 ? send to me 3) Application - Online
2) Seven employees LOS 60 days

Geri Straight
Center Director/Designee/Individual

Anna L Walters
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name O.S. Park & Leisure License No. 0503 Date 11-7-18

	Yes	No	N/A	
1.	☑	☐	☐	**Policies and procedures** ***(Parent's Handbook)*** {Rule 1.4.1}
2.	☑	☐	☐	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.	☑	☐	☐	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	☑	☐	☐	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	☑	☐	☐	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	☑	☐	☐	Current alphabetical roster of children *(includes date of birth)* {Rule 1.6.3 (2)}
7.	☑	☐	☐	Current staff roster *(includes date of birth & date of hire)* {Rule 1.6.3 (3)}
8.	☑	☐	☐	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	☐	☐	☑	**Medication record with date, time, signature for 90 days** {Rule 1.6.3 (6)}
10.	☑	☐	☐	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	☑	☐	☐	**Personnel records** *(attach employee's records form)* {Rule 1.6.4}
12.	☐	☐	☑	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	☑	☐	☐	**Children records** *(attach children's records form)* {Rule 1.6.7}
14.	☐	☐	☑	**Reports of serious occurences made as required** {Rule 1.7.1}
15.	☐	☐	☑	**Communicable diseases reported as required** {Rule 1.7.3}
16.	☐	☐	☑	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	☑	☐	☐	**Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)}
18.	☑	☐	☐	Age appropriate program of activities posted in each room {Subchapter 9}
19.	☐	☐	☑	Required toys present in infant room {Rule 1.10.1 (2)}
20.	☐	☐	☑	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	☐	☐	☑	Required toys present preschool room {Rule 1.10.1 (4)}
22.	☑	☐	☐	Licensed pest control contractor {Rule 1.11.14}
23.	☐	☐	☑	Pets present *(proof of immunization as required, signed by veterinarian)* {Rule 1.12.6}
24.	☑	☐	☐	**Appropriate discipline policy followed** {Subchapter 14}
25.	☑	☐	☐	**Appropriate transportation policy followed** {Subchapter 15}
26.	☐	☐	☑	Infant feeding schedules posted *(Appendix C, VII)*

Comments/Recommendations _____

☑ Pass –
License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within _____ days

☑ Director ☐ Designee

Anna L Walton
Child Care Representative

Mississippi State Department of Health Revised 12-19-13 Form 289
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Yellow Copy - Operator