



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County	Union	Date	4-22-21
Facility Name	Locust Grove	License Number	6693
Purpose	PR	Capacity	70

## All Items In Red Are Critical

Qualified <sup>designated</sup> director present <sup>Patricia Steek</sup>  
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Possible Monetary Penalty

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

## Age/Child/Staff Name

Rm 1	3, 11, Caregiver 1
Rm 6	4, 15, Caregivers 2-3
Rm 5	7 mo (Infants) 5, Caregiver 4
Rm 2	1, 9, Caregivers 5
Rm 3	NO children
Rm 4	3 mo. (Infants), 5, Caregiver 4
Rm 7	NO children

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

## Building and Grounds

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

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

First aid kits stocked and easily accessible

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair

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

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

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

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

Christy Grant

Child Care Representative

C. Grant

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 4-22-21

Name	<u>Locust Grove</u>	License No.	<u>6693</u>
Address	<u>1184 CR 126 New Albany, MS</u>		<u>38652</u>
	<u>PR</u>	Center/Organization/Individual	
Purpose		Director	<u>Christy Grant</u>
Mileage Start		Mileage End	
County	<u>Union</u>	Telephone No.	<u>662-534-9494</u>
Time In	<u>8:55</u>	Time Out	<u>11:15</u>
		Total Time	

Findings/Comments Here to Conduct a program renewal inspection.  
Application and fee must be paid online at [www.healthymiss.com](http://www.healthymiss.com).  
Fire form and menus can see to Shenika.Pratt@msdhs.ms.gov.  
UPON arrival to met with director designee, Patricia Speck.

All Contact hours are due by June 15, 2021 at Noon.  
Please Submit a copy of staff roster along with a copy of each earned Certificate.

- Staff-to-child ratio in Compliance
- Children 121's in Compliance
- Kitchen rec'd an A, No Critical violations on today's visit.
- Staff 121's in Compliance

T.A. provided on Date 1.11.9, "All licensed child care facilities are required to maintain an adequate outdoor playground.  
to observed Surfacing that will need to be spread left out all the way around equipment and 9in depth. Also the sidewalk/Concrete will need to be Swept off due to pea gravel being a possible tripping hazard.

Poc:

The director, Christy will blow pea gravel off playground and she normally completes task once a week but due to short of staff she has not had time. This deficiency

Christy Grant  
 Center Director/Designee/Individual

Gary Pratt  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 4-22-21

Facility Name Locust Grove

License No. 6693

Will be corrected by April 29, 2021. Upon completion pictures will be sent to Shenika. Pratt @ msdh.ms.gov. To prevent from future reoccurrence the director will get all repairs completed in a timely manner. X CG

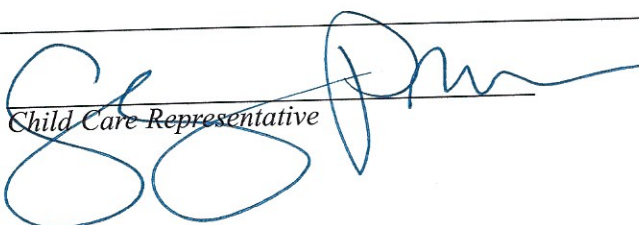
T.A. provided on Rule 1.5.2 "All Operators, employees and Prospective employees of a Child Care facility shall have a Criminal history records check, a Child Abuse Registry and Sex offender Registry check. LO called the fingerprint unit regarding Caregiver S finger prints whose prints expired (12/20) but prints were sent off and they were bad prints per Fingerprint Unit. Facility will re-submit. Caregiver S was not alone with children and director understands the importance of ~~monitors~~ following the MSDH Regulations. X CG

- LO rec'd updated Food Manager Cert.
  - LO rec'd updated CPR- First Aid
  - LO rec'd updated auto Insurance
  - LO rec'd two-two weeks menu cycles
- Questionnaire provided to the director, Christy Grant.

\*Facility staff were very friendly on today's visit.

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

Christy Grant  
Center Director/Designee/Individual

  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name Locust Grove License No. 10693 Date 4-22-21

- |     | Yes                                 | No                                  | N/A                                 |  |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Policies and procedures ( <i>Parent's Handbook</i> ) {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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Letter of suitability for <u>staff</u> {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 ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}   |
| 8.  | <input 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 type="checkbox"/>            | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}  |
| 10. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}   |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}  |
| 14. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Reports of serious occurrences made as required {Rule 1.7.1}   |
| 15. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Communicable diseases reported as required {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"/>            | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)} <u>Chantelle Isbell</u>                                |
| 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 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 ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}  |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Appropriate discipline policy followed {Subchapter 14}   |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Appropriate transportation policy followed {Subchapter 15}   |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Infant feeding schedules posted ( <i>Appendix C, VII</i> )   |

Comments/Recommendations

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- ☒ Pass -  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

Chantelle Isbell  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID <u>6693</u>	Facility Name, Address <u>Locust Grove</u> <u>1186 CP 126 New Albany, MS 38652</u>	Date <u>4-22-21</u>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

- NO Critical  
Violations on today's  
visit.

"A"

Pass

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

SP2

Please Remit within 10 days to:

Christy Grant  
Certified Manager

6693  
Licence Number

\*Tummy Safe

Facility Signature

Environmental Signature

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



# Playground Checklist

Center Name Locust Grove Inspection Date 4-22-21

Name of Licensing Official Shenika Pratt License # 66693

Yes No N/a

1. ☒ ☐ ☐ Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), p 60)  
In good repair, with no gaps. (Rule 1.11.9 (8), p 60)
2. ☒ ☐ ☐ Two entrances/exits, with one being remote from the building. (Rule 1.11.9 (8), p 60)
3. ☒ ☐ ☐ Surfacing adequate. If not, where is it inadequate? (CPSC, 2.4.2, pp 9-10)  
Spread Surfacing around equipment + left all the way around and 9 in depth.
4. ☐ ☐ ☒ AC units, high-voltage cabling/wires inaccessible. (Rule 1.11.9 (5), p 59)
6. ☒ ☐ ☐ No standing water present on playground or in/on playground equipment or Walkways. (CPSC 2.4.2.2, p5, p 10)
7. ☒ ☐ ☐ Toys & equipment in good repair. (None broken/deteriorating) (Rule 1.10.2 (2), p 46)
8. ☐ ☒ ☐ Sidewalks provide smooth walking surface. (No trip hazards) (CPSC 3.6, pp 16-17)  
Sweep Rocks/peagravel off concrete
9. ☒ ☐ ☐ Bolts on equipment and fence <2 threads beyond the nut? (Rule 1.11.9 (5), p 59)  
All bolts and fencing twists/wires facing away from the playground area
10. ☒ ☐ ☐ Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, p 16)
11. ☒ ☐ ☐ Use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, p 41)
12. ☐ ☐ ☒ If swings are present, are S-hooks in good repair? If not, state deficiency.  
(CPSC 3.2, p 14; 2.5.2, p 11; 5.3.8.1, p 37)
13. ☒ ☐ ☐ If slide is present, is exit height/exit zone adequate? If not, state deficiency.  
(CPSC 5.3.6.4-5 pp 34-36)
14. ☐ ☐ ☒ Spring rockers a minimum of 6 ft. apart? (CPSC 5.3.7, pp 36-37) (ASTM 9.5.1.2)
15. ☒ ☐ ☐ Age-appropriate equipment being used?  
If not, state which pieces are inappropriate. (CPSC 2.2.6, p 6) (Rule 1.10.2, p 46)
16. ☐ ☒ ☐ Playground area clean & free of hazards? (Rule 1.11.11 (1), p 61)  
If not, state deficiency. Sweep peagravel rocks off concrete/sidewalk  
Tripping hazard
17. ☒ ☐ ☐ Adequate shade is present on the playground. (CPSC 2.1.1, p 5) (Rule 1.11.9 (7), p 60)
18. ☒ ☐ ☐ Concrete footings located a minimum of 6" beneath the surface.  
(CPSC 3.6, pp16-17) (Rule 1.10.2 (3), p 46)
19. ☒ ☐ ☐ Is wood smooth? Documentation providing wood has been properly treated.  
(CPSC 2.5.5, p 12)

Director

Christy Grant

Licensing Official

Shenika Pratt