



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County OKtibiha Date 4/16/2021

Facility Name After School Program WPN License Number 53CDPSWA-6973

Purpose Six Month Inspection Capacity 79

## 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"/>

Pre-packaged only

## 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"/>

Pre-packaged menu

## Possible Monetary Penalty

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

	Age/Child/Staff Name	Capacity
1.	AS / 16 / 1 E.2	(28) PMS
2.		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_)

Child Care Representative

Center Director/Individual

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 IV Date 4/9/29

Name	<u>After School Program WPK</u>		License No.	<u>53CDPSNA-6973</u>
Address	<u>221 Martin Luther King Jr. Dr. W. Starkville, Ms 39759</u>			
	Center/Organization/Individual			
Purpose	<u>Six Month Inspection</u>	Director	<u>Pamela Conerly</u>	
Mileage Start	<u>24</u>	Mileage End	<u>49</u>	
County	<u>Oktibbeha</u>	Telephone No.	<u>662-312-1812</u>	
Time In	<u>3:25</u>	Time Out		
		Total Time		

Findings/Comments Here to conduct a six month inspection.  
Violations: No Class I or II violations verified during this inspection.

Note for reminder: All renewal documentation will be due by October of inspection month. Have all required documentation completed in September - Fire Form, menus and contact training certificates.

"Child Care Questionnaire was provided to Ms. P. Conerly at the exit conference."

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

Pamela Conerly  
Center Director/Designee/Individual

Charlette Elliott  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID 1913	Facility Name, Address After School Program LPR	Date 11/16/22
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

PASS	1. 1/16/23 2. 1/16/23 3. 1/16/23 4. 1/16/23 5. 1/16/23 6. 1/16/23 7. 1/16/23 8. 1/16/23 9. 1/16/23 10. 1/16/23 11. 1/16/23 12. 1/16/23 13. 1/16/23 14. 1/16/23 15. 1/16/23 16. 1/16/23 17. 1/16/23 18. 1/16/23 19. 1/16/23 20. 1/16/23 21. 1/16/23 22. 1/16/23 23. 1/16/23 24. 1/16/23 25. 1/16/23 26. 1/16/23 27. 1/16/23 28. 1/16/23 29. 1/16/23 30. 1/16/23 31. 1/16/23 32. 1/16/23 33. 1/16/23 34. 1/16/23 35. 1/16/23 36. 1/16/23 37. 1/16/23 38. 1/16/23 39. 1/16/23 40. 1/16/23 41. 1/16/23 42. 1/16/23 43. 1/16/23 44. 1/16/23 45. 1/16/23 46. 1/16/23 47. 1/16/23 48. 1/16/23 49. 1/16/23 50. 1/16/23 51. 1/16/23 52. 1/16/23 53. 1/16/23 54. 1/16/23 55. 1/16/23 56. 1/16/23 57. 1/16/23 58. 1/16/23 59. 1/16/23 60. 1/16/23 61. 1/16/23 62. 1/16/23 63. 1/16/23 64. 1/16/23 65. 1/16/23 66. 1/16/23 67. 1/16/23 68. 1/16/23 69. 1/16/23 70. 1/16/23 71. 1/16/23 72. 1/16/23 73. 1/16/23 74. 1/16/23 75. 1/16/23 76. 1/16/23 77. 1/16/23 78. 1/16/23 79. 1/16/23 80. 1/16/23 81. 1/16/23 82. 1/16/23 83. 1/16/23 84. 1/16/23 85. 1/16/23 86. 1/16/23 87. 1/16/23 88. 1/16/23 89. 1/16/23 90. 1/16/23 91. 1/16/23 92. 1/16/23 93. 1/16/23 94. 1/16/23 95. 1/16/23 96. 1/16/23 97. 1/16/23 98. 1/16/23 99. 1/16/23 100. 1/16/23
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<input checked="" 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
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Permit Date 1	Environmental Code (922)
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Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature

Environmental Signature

White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy- Environmental

# Child Care Licensure Playground Checklist

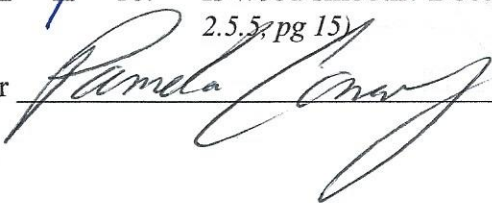
Center Name AFTERSCHOOL PROGRAM WPR

Inspection Date 4/16/21

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)  
No equipment observed on the designated area.
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☐ ☐ ☒ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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 59)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
- ☐ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director



Licensing Official

PAULETTE ELLIOTT, CCFI II