



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Chickasaw</u>	Date <u>5-18-21</u>
Facility Name <u>Kids First</u>	License Number <u>6817</u>
Purpose <u>Midyear</u>	Capacity <u>90</u>

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present <u>Marcy Jenkins</u>	<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"/>

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"/>

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	<u>1, 49, Caregivers 1-6</u>
2.	<u>6mo, 7, Caregiver 7-8</u>
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"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual

Child Care Representative

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 5-18-21

Name	<u>Kids First</u>	License No.	<u>6817</u>
Address	<u>110 Mabry St. Okolona, MS 38860</u>	Center/Organization/Individual	
Purpose	<u>Midyear</u>	Director	<u>Rubbie Jenkins</u>
Mileage Start		Mileage End	
County	<u>Chickasaw</u>	Telephone No.	<u>662-447-3600</u>
Time In	<u>12:00</u>	Time Out	<u>2:00</u>
		Total Time	

Findings/Comments Here to conduct a Midyear inspection. Upon arrival the licensing met with the director designee, Marcy Jenkins.

- Staff-to-Child ratio in Compliance
- Staff 121's in Compliance
- Kitchen rec'd an A; NO critical violations
- Playground was Not inspected due to inclement Weather.

T.A. provided on Rule 1.6.3(8). "All Facility's shall maintain a notebook with current MSDH 121 Forms on both Staff and children. LO observed two children needing current MSDH 121 forms. Facility will have 14 days to Submit to licensing at Shenika.Pratt@msdh.ms.gov.

POC:
The director will have all current 121 by due date 6-1-21. A copy will be emailed to LO. To prevent from future recurrence the director will monitor books (121, Immunization Record) closely and receive updated copy in a timely manner.

- LO rec'd updated CPR-First Aid
- LO rec'd updated Food-Manager Certification

"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."

Rubbie Jenkins
 Center Director/Designee/Individual

Shenika Pratt
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Kids First</u> <u>110 Mabry St. Okolona, MS</u>	Date <u>5-18-21</u>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p><u>-No Critical</u> <u>Violations on</u> <u>today's visit.</u></p> <p><u>"A"</u></p> <p><u>Pass</u></p>	
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<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 checked="" 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 <u>SP2</u>
Please Remit within 10 days to:	

Rubbie Jenkins 6817
 Certified Manager Licence Number

*Tummy Safe

Facility Signature <u>[Signature]</u>
Environmental Signature <u>[Signature]</u>

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

Playground Checklist

Center Name Kids First Inspection Date 5-18-21
 Name of Licensing Official Shenika Pratt License # 6817

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)
—	—	—	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)
—	—	—	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.
—	—	—	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 [Signature] Licensing Official [Signature]

* Due to inclement weather the Playground was not inspected.