



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility InspectionCounty StoneDate June 7, 19Facility Name Chubby Cheeks PreschoolLicense Number 7310Purpose mid-yearCapacity 46**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"/>
<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"/>

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. <u>0</u>	\$ <u>0</u>
2. <u>0</u>	\$ <u>0</u>
3. <u>0</u>	\$ <u>0</u>
4. <u>0</u>	\$ <u>0</u>
5. <u>0</u>	\$ <u>0</u>

	Age/Child/Staff Name
1.	Jam #277
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

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 <u> </u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Chubby Cheeks

Child Care Representative

Anna G. Felt



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date June 7, 19

Name	<u>Chubby Cheeks Preschool</u>	License No.	<u>7310</u>
Address	<u>210 Vannado Ave. Wiggins 39577</u>		
	Center/Organization/Individual		
Purpose	<u>mid year</u>	Director	<u>Candy Woodard</u>
Mileage Start		Mileage End	
County	<u>Go Stone</u>	Telephone No.	<u>601-928-2983</u>
Time In	<u>9:30</u>	Time Out	
		Total Time	

Findings/Comments

Building -T.A. provided on the followingRule 1.11.5(3) Handwashing sinks are to be used for only for handwashingRule 1.7.4 For infants and toddlers, the child care facility shall provide, to the child's parents, daily written reports that include intake, child's disposition, bowel movements, and eating and sleep patternsRule 1.6.1 diapering changing area shall be have an easily cleanable surfacesAppendix C. A written schedule for feeding the infants shall be provided by the parents and posted for reference by the child care facility staffSubchapter 10: Equipment, Toys and Materials
Deficiency Rule 1.10.5 ... belongings do not touch those of another child.Finding - Observed that mats were stacked up and touching some of other mats. They some of the mats have covers that are washed once a week.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**Date June 7, 19Facility Name Chubby Cheeks License No. 7310

POC- mats will no longer be stacked. ms Candy
will be responsible -

TA. provided on Rule 1.0.5

Kitchen 'A'

Playground- no violation observed. Contacted Wade
Danzon about slide. He stated no surfacing was needed.

Records.
T.A. provided on

Rule 1.6.3(8+9) Children's 121 and Roster must be
in alphabetical order

Staff's ROS, 121's and Roster must be in alphabetical
order.

Will return in 2 week to complete a records
check.

Staff that was here today ROS's was checked -

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 7310	Facility Name, Address Chubby Cheeks Preschool	Date 6-7-19
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

	No Violations Observed (S)
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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 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 2-29-20	Environmental Code AW9
Please Remit within 10 days to:	

Cand Woodford Transale
 Certified Manager Licence Number
 exp 10-24-21

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

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