MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Lowndes Date 1-10-20

Facility Name Third Ave Kiddie Korner License Number #1515

Purpose Program Renewal Capacity 50

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.	
2.	three 10
3.	infants 4
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 1)	☑	☐	☐	☐

Center Director/Individual Julia Brown Child Care Representative Mary Hamp

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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District Third 4 Date 1/10/20

Name Third Ave Kiddie Korner License No. 44CCPFA-1515

Address 302 19th St North, Columbus MS 39701
Center/Organization/Individual

Purpose Program Renewal Director Julia Brown

Mileage Start Mileage End

County Lowndes Telephone No. (662) 327-6603

Time In Time Out Total Time

Findings/Comments Upon arival licensure met with director, Hee to complete a renewal.

Facility files are complete all contact hours for staff completed.

Items needed to complete renewal process:
form #333 (the survey)
Two weeks of menus

Kitchen received an (A)

Playground not observed due to rain.

Survey Card given to director to complete and mail

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

Julia Brown
Center Director/Designee/Individual

Mary Hampton
Child Care Representative

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Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Third Ave Kiddie Korner License No. #1515 Date 1-10-20

	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

Julia Brown
☑ Director ☐ Designee

Mary Hampton
Child Care Representative

Mississippi State Department of Health
White Copy - Facility File
Yellow Copy - Operator

Revised 12-19-13

Form 289

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
	Thai Arc Kitchen Korner	9/10/20

CRITICAL VIOLATIONS

No violation observed for this visit

A

CORRECTION PLAN AND SCHEDULE

☐ 92020 Scheduled	☒ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmental Code 1114

Please Remit within 10 days to:

Julia Brown — Certified Manager

Licence Number

Facility Signature	Julia Brown
Environmentalist Signature	Troy Harrington

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

Child Care Licensure Playground Checklist

Center Name Third Ave Kiddie Korner Inspection Date 1/10

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)*
				_____
☐	☐	☐	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 _____ *(CPSC5.3.6.4-5 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 Julia Brown Licensing Official Mary Hampton, HPSS

not observed due to rain