


County LowndesInspection Date 1-18-23Facility Name Gholars CildcareLicense Number 44CDPFA-7058Purpose Observation inspection

Capacity \_\_\_\_\_

Time IN 11:00Time OUT 12:30**Transition Periods Observed**☐ Arrival☐ Meal Time☐ Transportation☐ Rest Room☐ Playground/Outside Play☐ Naptime/Rest Time☒ Diaper Change☐ Departure\_\_\_\_\_  
Facility Owner/Director\_\_\_\_\_  
MSDH Child Care Facility Inspector

Facility License #: \_\_\_\_\_

<b>Arrival</b>	<b>Classroom/Age Group</b> _____
1. Staff-to-child ratios are in place during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
2. Children are properly attended at all times during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
4. All children were checked in at arrival by an authorized individual.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Observation/Recommendation:**

5. Children arrived at the proper destination (Classroom/Age Group, school, etc.).

☐ Yes

☐ No

**Observation/Recommendation:**

6. Children are properly grouped during arrival times.

☐ Yes

☐ No

**Observation/Recommendation:**

7. Age-appropriate activities and materials are available to all children during arrival times.

☐ Yes

☐ No

**Observation/Recommendation:**

Facility License #: \_\_\_\_\_

Meal Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
2. Children are properly attended at all times during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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4. Children and staff adhere to proper handwashing procedures (soap, paper towels, trash can, step stools).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
5. The staff adheres to safe food handling (allergies, shared food).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
6. A process for mealtime cleanup is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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7. The facility is serving a meal at the time indicated on the facility schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
8. The facility is following an approved menu.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility License #: \_\_\_\_\_

<b>Transportation</b>		<b>Classroom/Age Group</b> _____	
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Field Trip			
1. Staff-to-child ratios are in place during transportation.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>          			
2. Children are properly attended during transportation. (e.g., loading, unloading, walking into/out of the facility).		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>          			
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>          			

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4. Seat restraints, car seats, and/or booster seats are accessible and utilized during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
5. Individual seats (i.e., children are not sharing seats/seatbelts) are available and functional for each child during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
6. Emergency equipment (e.g., stocked first aid kit, fire extinguisher, etc.) is available on the vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	



Facility License #: \_\_\_\_\_

Restroom Breaks		Classroom/Age Group _____	
1. Staff-to-child ratios are in place during restroom breaks.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           			
2. Children are properly supervised during a restroom break.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           			
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           			

Facility License #: \_\_\_\_\_

4. Hand washing supplies are provided (soap, paper towels, trash can, step stool).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Observation/Recommendation:**

5. Sinks and toilets are operational (i.e., hot, and cold running water) and clean.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Observation/Recommendation:**

Facility License #: \_\_\_\_\_

<b>Playground/Outdoor Time</b>	<b>Classroom/Age Group</b> _____
1. Staff-to-child ratios are in place during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
2. Children are properly supervised during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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4. Enough staff is present (possibly including a floater) for instances when children to go to the bathroom, emergencies, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
5. Teachers conduct headcounts before/during/after playground time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
6. Teachers are properly supervising children (i.e., no cell phones, keeping eyes on children, spread out across the playground area).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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<p>7. No hazards are present on the playground/outdoor play area.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Observation/Recommendation:</b></p>	
<p>8. Sun safe practices are utilized when appropriate.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Observation/Recommendation:</b></p>	

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Nap Time/Rest Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during naptime/rest time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
2. Children are properly supervised during naptime/rest time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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4. Adequate space is available to keep personal items (e.g., blankets, stuffed animals, etc.) separate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
5. There is at least two (2) feet between mats/cots -OR- an impenetrable barrier exists between mats/cots. <input type="checkbox"/> <i>Satisfactory Standardization</i> <input type="checkbox"/> <i>Unsatisfactory Standardization</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
6. Classroom/Age Group environment allows staff to see and/or hear a child in distress (not too dark, music not too loud, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

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7. Facility mats are sanitized after each use.

☐ Yes

☐ No

**Observation/Recommendation:**



Diaper Change	Classroom/Age Group <u>Infants</u>
1. Staff-to-child ratios are in place during diaper changes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Observation/Recommendation:</b> Please remember that infants can not be half staff during nap time or lunch time.  Rule 1.8.2 Ratio for infants 1 staff to 5 infants 2. Staff-to-child ratios shall be met at all times, including during opening/closing, field trips and swimming or water activities whether at the child care premises or off-site. 4. With the exception of children under two years of age, children may be under the direct supervision (staff in the same room) of 50 percent of the staff required by this section during rest period times, provided the required staff-to-child ratio is maintained on the premises	
2. Children are properly supervised during diaper changes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.) Soft music	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

4. Potty chairs are in an appropriate area and sanitized.	<input type="checkbox"/> Yes <b>NA</b> <input type="checkbox"/> No
<b>Observation/Recommendation:</b>          	
5. The staff adheres to proper handwashing procedures.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Observation/Recommendation:</b> Rule 1.16.5 Hand Washing: Employees shall wash their hands with soap and running water before and after each diaper change. Individual or disposable towels shall be used for drying. Hand washing sinks at diaper changing stations shall not be used for any other purpose. Example: The diaper changing sink may not be used for washing cups, baby bottles, food, dishes, utensils, etc          	
6. Children's hands are being washed by a proper handwashing procedure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Observation/Recommendation:</b>          	

Facility License #: \_\_\_\_\_

7. Sinks are operational (hot and cold running water).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
8. The diaper changing area is clean and supplied (i.e., storage bin, sanitizing solutions, gloves, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

Facility License #: \_\_\_\_\_

Departure		Classroom/Age Group _____
1. Staff-to-child ratios are in place during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           		
2. Children are properly supervised during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           		
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Observation/Recommendation:</b>           		

Facility License #: \_\_\_\_\_

4. Children are properly grouped during departure times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	
5. Age-appropriate activities and materials are available to all children during departure times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Recommendation:</b>	

## Game Plan

### Recommendation #1

What's Causing the Issue?

Staff was monitored not washing hands before and after diaper changing.

How Do We Improve?

A print out of the steps of diaper changing posted near diapering area. This

Will help remind staff of appropriate steps.

Review Sub chapter 16.

Who's Responsible? Director and staff

Resource Regulation Rule 1.16.5

Timeframe Immediately

### Recommendation #2

What's Causing the Issue?

Classroom over ratio by two (2) infants. Two staff were present with 12 children.

How Do We Improve?

Never allow infants to be half ratio during nap time or lunch time.

Who's Responsible? Director and Staff

Resource Regulation Sub Chapter 8: Staffing Rule 1.8.2 (1-4 )Ratio

Timeframe Immediately

Facility License #: \_\_\_\_\_

## Game Plan

### Recommendation #3

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_

### Recommendation #4

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_

Facility License #: \_\_\_\_\_

## Game Plan

### Recommendation #5

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_

### Recommendation #6

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_



Facility License #: \_\_\_\_\_

## Game Plan

### Recommendation #7

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_

### Recommendation #8

What's Causing the Issue?

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How Do We Improve?

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Who's Responsible? \_\_\_\_\_

Resource \_\_\_\_\_

Timeframe \_\_\_\_\_

## Instructions for Form 1182 Observation Based Inspection

### Revision Date

1/16/2020

### Purpose

This form has been created as a means for MSDH Child Care Facility Inspectors to conduct an Observation Based Inspection for Child Care Facilities.

### Instructions

1. Complete Facility Information by providing the following information:  
County: County of the facility being inspected  
Inspection Date: Date inspection is being conducted  
Facility Name: Name of facility being inspected  
License Number: Licensing number of facility being inspected  
Purpose: Observation Based Inspection -or- Observation Based Inspection Follow-up  
Capacity: Capacity of facility being inspected  
Time IN: Time inspection begins, and inspector enters facility  
Time OUT: Time inspection ends and inspector leaves facility
2. Place a checkmark in the box for each transition period that will be observed during the inspection.  
☐ Arrival ☐ Meal Time ☐ Transportation ☐ Rest Room ☐ Playground/Outside Play  
☐ Naptime/Rest Time ☐ Diaper Change ☐ Departure
3. For each transition time that is observed, write in the Classroom/Age Group name/age group being observed, if applicable.
4. For each transition time that is observed, indicate by placing a checkmark in the Yes or No box, whether the facility staff is displaying the appropriate behavior.
5. As each transition time is observed, document what is observed and what recommendations may be made to address any issues/situations that may be present.
6. Once the observation period is finished, use the Game Plan section of the form to document:
  - a. What is causing the issue
  - b. How will the issue be improved
  - c. Who is responsible for completing the action plan for improvement
  - d. What resources may be needed, if applicable
  - e. Timeframe for completing the action plan
7. Review the entire inspection document with the Owner/Director of the facility.
8. Have the Owner/Director sign the inspection form.

**Office Mechanics and Filing**

The application will be scanned and uploaded to the Licensing and Reporting System (LARS), where an electronic copy will be kept.

**Retention Period**

Records will be retained for two (2) years from the date that the observation based inspection took place.