



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Yazoo Date 12/12/2018

Facility Name St. John Methodist License Number 02C4PF-6742

Purpose Mid-Year / T.A. Capacity 48

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

<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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	Infants / 7 / Caregivers #1, #2
2.	1-2 year olds / 9 / Caregiver #3
3.	3-4 year olds / 6 / Caregiver #4
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
Evacuation plans posted
Menus posted and served
Plan of activities

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 checked="" type="checkbox"/>
<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"/>
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Lighting approved
Heating/cooling approved
Ventilation adequate
Glass approved and shielded
Telephone on premises, available,
and functioning

<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"/>

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

<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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed
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"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately
maintained

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in
number and each fully supplied
(number 11)

<input checked="" 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 5Date 12/10/2018

Name	<u>St. John Methodist Church Daycare</u>	License No.	<u>82C4PF-6742</u>
Address	<u>351 E 13th St Yazoo City MS 39194</u>		
	Center/Organization/Individual		
Purpose	<u>Mid-Year / T.A.</u>	Director	<u>Amy Weaver</u>
Mileage Start		Mileage End	
County	<u>Yazoo</u>	Telephone No.	<u>662 571-2954</u>
Time In	<u>11:57 am</u>	Time Out	<u>1:10 pm</u>
		Total Time	

Findings/Comments Upon arrival the licensing official met Ms. McCoy the facility director designee. The purpose of today's visit was announced.

During the walk-through of the facility the following were observed:

Appendix C: Nutritional Standards

Deficiency: Section VII Feeding of Infants states "Breast milk or formula shall be brought to the child care facility daily, ready to be warmed and fed. Each bottle shall be labeled with the infants' name and the date. No cereal juice, or other food may be added to the infant's breast milk/ formula without a physician's written request, as done for a child with special needs."

Finding: The licensing official on each shelf that was labeled with a child's name dry formula in different containers that the teachers mix as needed for the infants in the classroom. Ms. McCoy stated that the parents bring the formula and the staff ~~mix~~ prepare the bottles for the children when they need them.

Technical assistance was given on parents preparing the number of bottles that their child will need throughout the day and bring them to the facility each day. T.A. was given on making sure that every bottle is labeled and dated as well.

Lawrence McCoy
Center Director/Designee/Individual

Lisa Allen
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 12/12/2018Facility Name St. John MethodistLicense No. 6742

DOC: 1) What measures will you the facility designee put into place to correct the immediate violations and how will you prevent recurrence of the violation.
 parents will bring in bottles already made.

2) Who will be responsible for monitoring to prevent recurrence of the violation
 Director / Assistant Director

3) What is the date of expected completion for compliance.
 12/13/18

Staff FBI letters and 181 forms are in compliance. Technical assistance was given on (1) child's expired 181 form. (3) days is given to submit current 181 form into the licensing official.

A follow-up inspection will take place to inspect the facility kitchen, due to it being locked and the designee did not have a key.

Technical assistance was given on adding more light in the facility classrooms during naptime. This will allow the staff to see each child in the classroom.

If you have any questions call Lisa Allen 601-364-8887
 A survey card was left with the designee

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

Lauren May
 Center Director/Designee/Individual

Lisa Allen
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Child Care Licensure Playground Checklist

Center Name St. John Methodist

Inspection Date 10/12/18

YES NO N/A



1.

Playground fence less than 3 1/2" 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. Grass only



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 1 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 34-3)



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 toys equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg & CPSC 2.2.6, pg 6)



15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 6)



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

Laneta May

Licensing Official

Lisa Allen