



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County WinstonDate 7/13/2020Facility Name Hudson's Home Day CareLicense Number 80CRBF-1365Purpose Virtual Bonanza Capacity 15

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<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

	In	Out	COS	N/A
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 <u>pm snack</u>	<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			CAPACITY
1.	4yrs	2	1	9 (PM1)
2.	2-3yrs	5	2	10 (PM2)
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 <u>-substitutions</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>VER</u>
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 <u>No equipment present</u>	<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 checked="" type="checkbox"/>

Center Director/Individual \_\_\_\_\_

Child Care Representative \_\_\_\_\_





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IVDate 7/13/2020

Name	<u>Hudson's Home Day Care</u>	License No.	<u>80CRBPF-1365</u>
Address	<u>115 Dawkins Street, Louisville, MS 39349</u>		
Purpose	<u>Virtual Renewal Inspection</u>	Director	<u>Robbie Ruth Hudson</u>
Mileage Start		Mileage End	
County	<u>Winston</u>	Telephone No.	<u>662-773-9456</u>
Time In	<u>1:00</u>	Time Out	<u>1:23</u>
		Total Time	

Findings/Comments Completed a virtual program renewal inspection. Virtual renewal inspection acknowledgment signed on 07/09/2020.

Violations: N/A (No class I or II violations verified during the virtual inspection.)

Request the following documentation:

Menus form #244, Fire Survey form 333, Staff/Children rosters, attendance log for today's inspection and reminder of staff contact & training hour certificates.

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

Center Director/Designee/Individual

Paulene Zeno  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

Hudson's Home Day Care

License No.

1365

Date

7/13/20

- |     | Yes                                 | No                                  | N/A                                 |  |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Policies and procedures (Parent's Handbook)</b> {Rule 1.4.1}  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} - <i>Waiver</i> |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} <i>VPA memo</i>  |
| 5.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  |
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| 9.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)} <i>YPR memo</i>   |
| 11. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>Personnel records</b> (attach employee's records form) {Rule 1.6.4} " "   |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} " "  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Children records</b> (attach children's records form) {Rule 1.6.7} " "  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Communicable diseases reported as required</b> {Rule 1.7.3}   |
| 16. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}   |
| 18. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}   |
| 19. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required toys present in toddler room {Rule 1.10.1 (3)}  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Required toys present preschool room {Rule 1.10.1 (4)}   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}   |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}  |
| 26. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII)  |

Comments/Recommendations

- ☒ Pass -  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

*[Signature]*  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID <b>1365</b>	Facility Name, Address <b>Hudson's Home Day Care</b>	Date <b>7/13/20</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

**PASS**

**PM SNACK - Substitutions Verified**

**Apple Slices ✓**

**Mild Cheddar ✓**

**Saltine Crackers ✓**

**Orange Juice**

<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
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Permit Date \_\_\_\_\_ Environmentalist Code **(92)**

Please Remit within 10 days to:

**Bobbie H. Hudson** **Lumpkin State**  
 Certified Manager Licence Number  
**Expires: 3/29/21**

Facility Signature

Environmentalist Signature

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



# Child Care Licensure Playground Checklist

Center Name Hubbards Home Day Care

Inspection Date 7/13/2020

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 present on this area.
- ☒ ☐ ☐ 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  
(CPSC 5.3.6.4-5 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 [Signature]

Licensing Official PAULETTE ELLIOTT, CCFI II

Virtual Renewal Inspection