



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Counter

District 8

Creative Kids Afterschool - Oak Grove
330 Hegwood Rd. Hattiesburg, MS 39402

Date 10.29.20

Name _____ License No. _____
 Address _____
 Purpose Virtual Inspection Director _____
 Mileage Start _____ Mileage End _____
 County Lamar Telephone No. _____
 Time In 3:30 Time Out 4:10 Total Time _____

Findings/Comments A virtual inspection was conducted. All in compliance, no deficiencies observed.

Great job!

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

Center Director/Designee/Individual

Dynwice Averett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

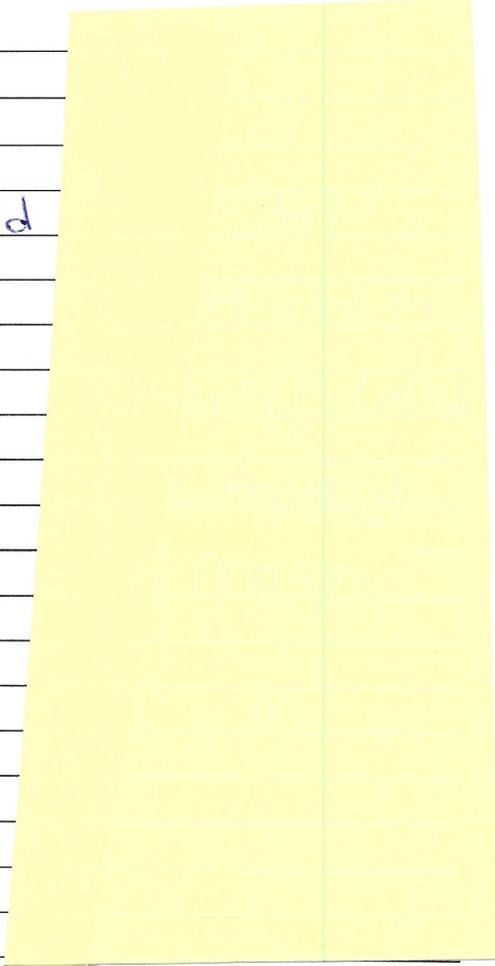
Date 10.29.20

Creative Kids Afterschool - Oak Grove
330 Hegwood Rd. Hattiesburg, MS 39402
601-268-9293 Lic # **18CEPA-3970**
Director: Lindsay Chambliss

Facility Name _____

License No. _____

Room	Age	# Child
1	Afterschool	7
14	Afterschool	14
C8	Afterschool	8
C8	Afterschool	8



Center Director/Designee/Individual

Lynnie Averett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Inspection

Creative Kids Afterschool - Oak Grove
330 Hegwood Rd. Hattiesburg, MS 39402
601-268-9293 Lic # 18CEPA-3970
Director: Lindsay Chambliss

County Lamar

10.20.20

Facility Name

Number

Purpose Virtual inspection

Capacity 134

All Items In Red Are Critical

Table with 4 columns: In, Out, COS, N/A. Rows include: 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

Table with 4 columns: In, Out, COS, N/A. Rows include: 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

Table with 2 columns: Item number, Monetary Penalty. Rows 1-5.

Table with 2 columns: Age/Child/Staff Name, Item number. Row 2 contains handwritten text: See 2nd Encounter.

Other Items - Must be corrected

Table with 4 columns: In, Out, COS, N/A. Rows include: Children's belongings separated/stored, Evacuation plans posted, Menus posted and served, Plan of activities.

Building and Grounds

Table with 4 columns: In, Out, COS, N/A. Rows include: 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.

Table with 4 columns: In, Out, COS, N/A. Rows include: Electrical outlets protected, Large appliances located properly, Sinks and toilets working properly, Hot water at all sinks, not to exceed 120 degrees, Children barred from kitchen, Vending machine snacks meet nutritional guidelines, Exits, doors and fastening devices single action approved and in good working order.

Table with 4 columns: In, Out, COS, N/A. Rows include: Exits unobstructed, Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order.

Table with 4 columns: In, Out, COS, N/A. Row: First aid kits stocked and easily accessible.

Table with 4 columns: In, Out, COS, N/A. Rows include: Playground area clean, shaded, well drained and equipped and fence in good repair.

Table with 4 columns: In, Out, COS, N/A. Row: Playground equipment meets standards.

Table with 4 columns: In, Out, COS, N/A. Row: Pool area clean, fenced, and adequately maintained.

Table with 4 columns: In, Out, COS, N/A. Row: Diaper changing stations adequate in number and each fully supplied (number 0).

Center Director/Individual

Child Care Representative

Food Service Facility Inspection Results

Creative Kids Afterschool – Oak Grove
 330 Hegwood Rd. Hattiesburg, MS 39402
 Facility No: 601-268-9293 Lic # **18CEPA- 3970**
 Director: **Lindsay Chambliss**

PIMS ID	Facility No: 601-268-9293 Lic # 18CEPA- 3970 Director: Lindsay Chambliss	Date 10.29.20
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>No critical violations</p>	<p>N/A Facility issued an "A"</p>
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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 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
Permit Date	Environmental Code SBB
Please Remit within 10 days to:	

Laura Bass
 Certified Manager

Tummy Sate
 Licence Number
 Exp. Aug 30, 2023

Facility Signature
Environmental Signature <i>Jynona Averts</i>

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



Food Establishment Inspection Report

Establishment Creative Kids Afterschool – Oak Grove		Time in	
Address 330 Hegwood Rd. Hattiesburg, MS 39402 601-268-9293 Lic # 18CEPA- 3970 Director: Lindsay Chambliss		Zip	Telephone
License/Permit#	Permit Holder	Risk Level 2	

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R
COS = corrected on-site during inspection R = repeat violation

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.
Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
Supervision			
1	IN OUT		
Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A		
Manager certification			
Employee Health			
3	IN OUT		
Management awareness; policy present			
4	IN OUT		
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
5	IN OUT N/O		
Proper eating, tasting, drinking, or tobacco use			
6	IN OUT N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
7	IN OUT N/O		
Hands clean and properly washed			
8	IN OUT N/A N/O		
No bare hand contact with ready-to-eat foods			
9	IN OUT		
Adequate handwashing facilities supplied & accessible			
Approved Source			
10	IN OUT		
Food obtained from approved source			
11	IN OUT N/A N/O		
Food received at proper temperature			
12	IN OUT		
Food in good condition, safe, and unadulterated			
13	IN OUT N/A N/O		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
14	IN OUT N/A		
Food separated and protected			
15	IN OUT N/A		
Food - contact surfaces: cleaned & sanitized			
16	IN OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Potentially Hazardous Food (TCS food)			
17	IN OUT N/A N/O		
Proper cooking time and temperatures			
18	IN OUT N/A N/O		
Proper reheating procedures for hot holding			
19	IN OUT N/A N/O		
Proper cooling time and temperature			
20	IN OUT N/A N/O		
Proper hot holding temperatures			
21	IN OUT N/A		
Proper cold holding temperatures			
22	IN OUT N/A N/O		
Proper date marking and disposition			
23	IN OUT N/A N/O		
Time as a public health control: procedure & records			

Compliance Status		COS	R
Consumer Advisory			
24	IN OUT N/A		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
25	IN OUT N/A		
Pasteurized foods used; prohibited foods not offered			
Chemical			
26	IN OUT N/A		
Food additives: approved and properly used			
27	IN OUT		
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
28	IN OUT N/A		
Compliance with variance, specialized process, and HACCP plan			
29	IN OUT N/A		
Risk control plan as required			
Other Critical Factors			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30	IN OUT		
Water and ice from approved source			
31	IN OUT		
Insects, rodents, and animals not present			
32	IN OUT N/A		
Hot and cold water available; adequate pressure			
33	IN OUT N/A		
Plumbing installed; proper backflow devices			
34	IN OUT N/A		
Sewage and waste water properly disposed			
35	IN OUT		
Toilet facilities: properly constructed, supplied			
36	IN OUT N/A		
Permit/Last inspection posted			

Date	
Person in Charge (Signature)	10.29.20
Inspector (Signature)	Dyanica Averett



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Director: Lindsay Chambliss

MISSISSIPPI DEPARTMENT OF HEALTH

Program Review

Facility Name _____

License No. _____ Date 10.29.20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {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)}
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current alphabetical roster of children (<i>includes date of birth</i>) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (<i>includes date of birth & date of hire</i>) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {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)}
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present (<i>proof of immunization as required, signed by veterinarian</i>) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations _____

Pass –
 License to be issued: Regular Probational Restricted
 Fail
 Follow-up within _____ days
 Director Designee

Jynona A...
Child Care Representative

Center Name _____

YES NO NA

1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 48) in good repair with no gaps? (Rule 1.11.9 (3), pg 48)
2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)
3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)

4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
5. No standing water present on playground or in/on playground equipment or walkway (CPSC 2.4.2.2-5, pg 10)
6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
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 47)
9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)

11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 3)

12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)

13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.3, pg 3)

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

16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)
17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.3 (2), pg 3)
18. Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)

Director _____

Licensing Official _____