

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection Date County_ License Number Facility Name Capacity N/A Out COS Other Items - Must be corrected In Children's belongings separated/stored Evacuation plans posted COS All Items In Red Are Critical Menus posted and served Qualified director present Plan of activities Proper staff to child ratio present Room and playground capacity met **Building and Grounds** Walls, ceilings, floors, toys, equipment Center capacity met License/complaint visible clean and in good repair Certified food manager Lighting approved Heating/cooling approved **Sanitation Approved** Garbage and garbage bins maintained Ventilation adequate Glass approved and shielded Vector control maintained Telephone on premises, available, Water system approved and functioning and functioning Waste water system approved and functioning Electrical outlets protected Food service approved Large appliances located properly Sinks and toilets working properly **Possible Monetary Penalty** Hot water at all sinks, not to Monetary Penalty 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 3. drained and equipped and fence in good 5. Pool area clean, fenced, and adequately 6. maintained Diaper changing stations adequate in number and each fully supplied (number _ Child Care Representative

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

Center Director/Individual

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

0	Child Ca	re Encounter	010118
District 5			Date 4 Well 8
Name WE CARL D	AYCARL	License No. 27	C4PFA-6972
Address 3993 11W	Center/Orga	inization/Individual	
Purpose LIMGL T	7	Director BALBALA	LEAN
Mileage Start		Mileage End	10 0 00
County Minly		Telephone No. 462)24	17-2400
Time In 148 M	Time Out 1.4	Total Tin	ne
Findings/Comments The WON EAHLY TO Y	puffose tol VI	SH IS FOR A	fluence to pection.
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FACILITY PASS TO	A Regular licer	(se. Please ly	Application
-12 HADAAA	any questions of	CONTRACTORAL CONTRACTOR	art Dana Jones
at (662) 88749	751. 900 NA 01) WHERE COM	ia ivalor sono
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Rhydy L Center Director/Designee/In	dividual Christ Car.	Representative	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/In			



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Facility Name WE CARL COUCARL License No. 4972 Date 410/18

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Voc	Mo	N/A	
Yes	No		
1. /	u		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. 4			Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8. 4			Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9 0		1	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)}
10.			
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.	Z,		Reports of serious occurences made as required {Rule 1.7.1}
15. 🗆 .			Communicable diseases reported as required {Rule 1.7.3}
16.	Z		
10.			Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17. A			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.	<u> </u>	1	Licensed pest control contractor {Rule 1.11.14}
23.* 🗆	1		
			Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.			Appropriate discipline policy followed {Subchapter 14}
25.		0,	Appropriate transportation policy followed (Subchapter 15)
26. 🗖		Z	Infant feeding schedules posted (Appendix C, VII)
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Comm	onte	/Rec	commendations
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			Director Designee Child Care Representative

Food Service Facility Inspection Results

PIMS ID Facili	ty Name, Address 13993	Hwy 49 N, Belzonims	Date 2/2/2018
1912 W	The regente	CORRECTION PLAN AN	
Mo Chitical Observed.		Met compa	
		FACILITY REC'D	x ('A"
□ 92020 Scheduled □ 92030 Followup □ 92040 Complaint □ 92050 Consultation □ 92070 Plan Review/Const. □ 92080 No Inspection □ 92090 Restaurant Training Permit Date Please Remit within 10 days to:	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00 Environmentalist Code	Certified Manager Facility Signature Environmentalist Signature White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	Licence Number Licence Number Licence Number

Child Care Licensure Playground Checklist

Cen	iter N	lame _	ME	- CAPL Day CAPL Inspection Date 2/26/18
YES	NO	N/A		
Þ			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)
Ø			2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
		Ø	3.	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
7			4.	AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
\not			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)
Ø			6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
P,			7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
P			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)
\not			9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC
		P	10.	3.4, 3.5, pg 16) Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
		\neq	11.	If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 14;
	П	-/	12.	2.5.2, pg 1 & 5.3.8.1, pg 37)
_	_	<i>y</i> 1		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)
	Ш	Y	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)
P			15.	Is playground area clean & free of hazards? If not, state deficiency.
1	_	_	1.0	(Rule 1.11.11 (1), pg 61)
P			16.	Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
Я			17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
		F	18.	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg. 15)
Direct	tor_	Rh	nda	Licensing Official Licensing Official