



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

| | |
|--|-----------------------------|
| County <u>Hinds</u> | Date <u>01.12.21</u> |
| Facility Name <u>Mid-year Inspection</u> | License Number <u>#1207</u> |
| Purpose <u>Mid-year Inspection</u> | Capacity <u>104</u> |

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

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 | <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. | Infant. 2:1 CG |
| 2. | 6m/1y. 4:1 CG |
| 3. | 3's 7:1 CG |
| 4. | 12 to 18. 6:2 CG |
| 5. | Older 2's. 9:1 CG |
| 6. | Younger 2's. 10:1 CG |
| 7. | 3's/4's. 12:1 CG |
| | 4's. 9:1 CG |

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan of activities | <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 ☒

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

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

Center Director/Individual [Signature]

Child Care Representative [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5 GALLOWAY CHILDREN'S CTR. Date 1.12.2021
 Name 305 N CONGRESS ST No. #1207
 Address Jackson, MS 39201
Lic. 25CERF-1207 P. 601-360-1792
 Purpose Mid-year / TA Director _____
 Mileage Start _____ Mileage End —
 County Hinds Telephone No. _____
 Time In 9:15 am Time Out 10:45 am Total Time _____

Findings/Comments

Upon arrival the LO met w/ the director Sharon Patterson &

The purpose of this visit is to conduct a mid-year inspection and to provide technical assistance w/ the facility.

Great inspection, please keep up the great work!

Continue to be safe and well, and thanks for the families and children in Mississippi.



LO- Licensing Official
 COS-Corrected on Site
 TA-Technical Assistance
 POC-Plan of Correction
 LOS-Letter of Suitability

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

LO left a green survey card w/ Sharon Patterson on today's visit.

[Signature]
 Center Director/Designee/Individual

[Signature]
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

| | | |
|-------------------------|--|--------------------------|
| PIMS ID #1207 | Facility Name GALLOWAY CHILDREN'S CTR. 305 N CONGRESS ST Jackson, MS 39201 Lic. 25CERF-1207 P. 601-360-1792 Attn: SHARON PATTERSON | Date 1.12.2021 |
|-------------------------|--|--------------------------|

CRITICAL VIOLATIONS

ON PLAN AND SCHEDULE

No Critical Violations
Observed on today's
Visit.

(A)

| | |
|--|--|
| <input checked="" 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 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 |
|-------------|--------------------|

Please Remit within 10 days to:

Teri Hynum T/S
 Certified Manager Licence Number
 exp. June 29, 2025

| |
|---|
| Facility Signature <i>Sharon Patterson</i> |
| Environmental Signature <i>Teri Hynum</i> |

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

Child Care Licensure Playground Checklist

GALLOWAY CHILDREN'S CTR.
305 N CONGRESS ST
Jackson, MS 39201
Lic. 25CERF-1207 P. 601-360-1792
Attn: SHARON PATTERSON

Inspection Date 1.12.2021

Center Name _____

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)

☒ ☐ ☐ 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, 2.5.2, pg 1 & 5.3.8.1, pg 37)

☒ ☐ ☐ 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 4 & 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 _____

Licensing Official _____

Arzella Ellis