

# **Child Care Facility Inspection Report**

KINGDOM KIDS LEARNING CENTER, LLC License #: 6597 Director: TIFFANY COBB

Inspection Date: 03/03/2021 Annual/Mid Inspection Inspector: Jessica Heap

## **Program Administration Violations Cited**

All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

#### Plan of Correction

1. **POC:** Director has submitted proper documentation to fingerprint unit. Facility is waiting on approval and letter.

Person Responsible: Tiffany Cobb Date for Completion: N/A

2. POC: Director will be responsible for getting 121 forms for 1 staff and 4 children. Staff and children did not have a 121 in file. Director will submit this documentation within 14 days.
Person Responsible: Tiffany Cobb Date for Completion: 14 days

# **Kitchen Violations Cited**

No violations cited.

### **Nutritional Guidelines Violations Cited**

No violations cited.

### **Playground Violations Cited**

No violations cited.

### **Toddler Classroom Violations Cited**

#### Room 1 - Classroom Number: 1

1. Thermometers that are not hazardous to children are placed on interior walls at children's height. (Rule 1.11.8(9) Page 58)

Toddler Classroom - Classroom Number: 1

### **Preschool Classroom Violations Cited**

Room 2 - Classroom Number: 2 No violations cited.

Preschool Classroom - Classroom Number: 2

Room 3 - Classroom Number: 3 No violations cited.

Preschool Classroom - Classroom Number: 3

### School Age Room Violations Cited

Room 4 - Classroom Number: 4 No violations cited.

School Age Room - Classroom Number: 4

#### Legend

- COS: Corrected on Site
- POC: Plan of Correction

### **Child Care Director Signature**

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**MSDH Licensure Representative Signature** 

