Tonya Broger
Child Care Facility Inspector I
Child Care Licensure Division
Mississippi State Department of Health
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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County #3190 A.B. DEVINE, C.O. CHINN, W.E.

Facility Name GARRETT HS/EHS CENTER
454 TROLIO ST
CANTON MS 390464461
dcgctr@fcmi-ms.us

Purpose _____

Date 01/09/2019

License Number _____

Capacity 350

All Items In Red Are Critical	In	Out	COS	N/A
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				
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

	Monetary Penalty
1. _____	$_____
2. _____	$_____
3. _____	$_____
4. _____	$_____
5. _____	$_____

	Age/Child/Staff Name
1.	4|5yrs | 18 | Caregiver #1, #2
2.	3|4yrs | 15 | Caregiver #3, #4
3.	3|4yrs | 15 | Caregiver #5, #6
4.	3|4yrs | 16 | Caregiver #7, #8
5.	4yrs | 17 | Caregiver #9, #10
6.	3|4yrs | 16 | Caregiver #11, #12
7.	3|4yrs | 12 | Caregiver #13, #14
	4yrs | 17 | Caregiver #15, #16
	3yrs | 13 | Caregiver #17, #18
	3yrs | 14 | Caregiver #19, #20
	4yrs | 16 | Caregiver #21, #22
	[illegible] Caregiver #23, #24

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	✓			
Evacuation plans posted	✓			
Menus posted and served	✓			
Plan of activities	✓			
Building and Grounds				
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	✓			
Electrical outlets protected	✓			
Large appliances located properly	✓			
Sinks and toilets working properly (LTA)		✓		
Hot water at all sinks, not to 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 drained and equipped and fence in good repair	✓			
Playground equipment meets standards	✓			
Pool area clean, fenced, and adequately maintained				✓
Diaper changing stations adequate in number and each fully supplied (number 1)	✓			

Center Director/Individual _____

Child Care Representative YB MS CCFI

White Copy - Facility File *Yellow Copy - Facility Operator*

Mississippi State Department of Health 12-10-08 Form No. 281

4yrs \| 16 \| Caregiver #25, #26
3yrs \| 15 \| Caregiver #27, #28
4yrs \| 13 \| Caregiver #29, #30

4yrs \| 14 \| GC #31 CG #32
EC- 2\|3yrs \| 6 \| CG 33 CG 34

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____ Date 01/9/2019

Name #3190 A.B. DEVINE, C.O. CHINN, W.E. GARRETT HS/EHS CENTER License No. _____

Address 454 TROLIO ST CANTON MS 390464461

Center/Organization/Individual (returned at 3:50pm)

Purpose dcgctr@fcmi-ms.us Director Arlena Riley, Clara McGruder Showjuana Tucker

Mileage Start _____ Mileage End _____

County _____ Telephone No. 601 859-2720

Time In 1:46pm Time Out 4:00pm Total Time _____

Findings/Comments Upon arrival, MSDH staff Tonya Broger met with Ms. Arlena Riley, Facility Administrator, The purpose of the visit was acknowledged and the following observations were made: Please note, Ms. Riley left due to a med. appt. MSDH staff was assisted by staff #1. Dir. Designee Showjuana Tucker arrived at approx 3:40pm.

- No critical violations were observed regarding the facility building and grounds, including the playground.
- No critical violations were observed regarding the facility kitchen/food prep area.
- Staff records: The facility will have 14 days to provide verification of the valid, current Form 121's and FBI LOS for the requested staff (See Form 289).
- Childrens records: The facility will have 14 days to provide verification of the requested child Form 121.
- Subchapter 11: Building and Grounds
  Rule 1.11.5(5) states, "Toilets, urinals, hand washing ~~facets~~ lavatories, and sinks shall be clean and operational.

Findings: Based on observations made during the tour of the building, one(1) toilet in the boys restroom #1 was continuously running. Staff #1 stated that a work order had been placed and maintenance would be in that afternoon(01/9/2019). Verification of repairs will be made.

- A green survey card and MSDH contact card was provided.

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

Arlena Riley — CCFI

Center Director/Designee/Individual *Child Care Representative*

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

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PIMS ID	Facility Name, Address	Date
		01/19/2019

CRITICAL VIOLATIONS

- No critical violations observed during the inspection.
- Letter grade "A" recid

CORRECTION PLAN AND SCHEDULE

☐ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmentalist Code: TB, DS
Please Remit within 10 days to:	

Almelda Shelby
Certified Manager

Tammy Sale
Licence Number
Exp. 3/30/2019

Facility Signature	
Environmentalist Signature	CCFI1

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

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 01/09/2019

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

Comments/Recommendations The facility will need to provide: The request verification of valid Form 121's for staff and children, verification of valid FBI LOS for staff list (See Form 289), 2-weeks menus, verification of 15 contact hrs for all staff (earned within the licensure year), and verification of the repairs to the facility restroom.

☑ Pass – Pending
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

CCFI
Child Care Representative

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Child Care Licensure Playground Checklist

Center Name _____ Inspection Date 01/9/2019

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (8), pg 60)* In good repair, wi 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? *(CPS 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, p 2.5.2, pg 1 & 5.3.8.1, pg*
☑	☐	☐	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency *(CPSC5.3.6.4-5 pgs 3*
☑	☐	☐	13.	Are spring rockers a minimum of 6 ft. apart? *(ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-*
☑	☐	☐	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropria *(Rule 1.10.2, & CPSC 2.2.6, p*
☑	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. *(Rule 1.11.11 (1),*
☑	☐	☐	16.	Is adequate shade present on the playground? *(Rule 1.11.9 (7), pg 60 & CPSC 2.1.1,*
☑	☐	☐	17.	Are concrete footings located at least 6" beneath the surface? *(Rule 1.10.2 (2), pg 4 CPSC 3.6, pg 16-17)*
☑	☐	☐	18.	Is wood smooth? Documentation provided that wood has been properly treated. *(2.5.5, pg 15)*

Director _____ Licensing Official _____ CCFI