



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Pike</u>	Date <u>4.30.21</u>
Facility Name <u>Bright Minds</u>	License Number <u>5070</u>
Purpose <u>Renewal</u>	Capacity <u>45</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.	3.5YR / 13 / Caregiver 1
2.	1YR / 6 / " " 2
3.	2YR / 8 / " " 3
4.	
5.	
6.	
7.	

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

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

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 _____)

Center Director/Individual B. JohnsonChild Care Representative Lekeha Smiley



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 7Date 4.30.21

Name	<u>Bright Minds Learning</u>	License No.	<u>6070</u>
Address	<u>107 Burke Ave Center Macomb MS 39648</u>		
Purpose	<u>Renewal</u>	Director	<u>B. Johnson</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Pike</u>	Telephone No.	<u>601.324.3366</u>
Time In	<u>9:48</u>	Time Out	<u>11:23</u>
		Total Time	

Findings/Comments Arrived at the facility and met with director B. Johnson and stated purpose for today's visit.

No critical violations at the time of visit.

A green survey card was given to director.

Thanks for all you do and continue to keep safe.

license will be issued once fire survey form #333, menus, and contact hours are received. license expires 10.30.21.

WWW.healthymiss.com (menus)

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.

B. Johnson
Center Director/Designee/Individual

Lekisha Sandifer
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Bright Minds Learning License No. 5070 Date 4.30.21

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 (proof of immunization as required, signed by veterinarian) {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 (Appendix C, VII)

Comments/Recommendations _____

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

☒ Director ☐ Designee

B. Johnson Lekisha Smiley
 Child Care Representative

Food Service Facility Inspection Results

PIMS ID 5070	Facility Name, Address Bright Minds Learning 107 Burke Ave, McComb MS 39448	Date 4.30.21
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations
@ the time of visit.

11.23 "A"
Issued

<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:	

Betty Johnson **Timmy Safe**
 Certified Manager Licence Number
 Expires
 5.22.24.

Facility Signature B. Johnson
Environmental Signature DeKendra Sordifer

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

Child Care Licensure Playground Checklist

Center Name Bright Minds Learning Inspection Date 4.30.21

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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) <u>Bottom of fence gaps needs repair.</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2, pg 9-10 & 4.3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 51)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

B. Johnson

Licensing Official

Lekisha Sordifer