

## MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

	Date //30/20
County Calhan	Mr DOM 18-2595
Facility Name Mids Mainhee Lay Care	License Number Of Company
Maria Maria Maria Alegan	acity_
Purpose 1 (4001 1 1806) Q1 Un particapa	Other Items - Must be corrected In Out COS N/A
All Items In Red Are Critical  Qualified director present	Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair
Sanitation Approved Garbage and garbage bins maintained Vector control maintained	Lighting approved  Heating/cooling approved  Ventilation adequate VPR  Glass approved and shielded
Water system approved and functioning Waste water system approved	Telephone on premises, available, and functioning
and functioning Food service approved  Possible Monetary Penalty	Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly
Monetary Penalty  1   Monetary Penalty  \$	Hot water at all sinks, not to exceed 120°  Children barred from kitchen
2\$	Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good
4\$	working order
5	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers
1. AS 10 1 40 Rm	and thermometers placed properly and in good working order
2. Intents 3	First aid kits stocked and easily accessible \( \bigcup  \qquad        \qq
3. 1-240 5 4. 3445 19 4 14 Bm	Playground area clean, shaded, well drained and equipped and fence in good repair
5.	Playground equipment meets standards
6. <sub>7</sub> .	Pool area clean, fenced, and adequately maintained
	Diaper changing stations adequate in number and each fully supplied (number)
Center Director/Individual	Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Encounter**

District	Date_//OV/OXO
	License No. 07CDPFWA-2585
Address 224 Jimmy Scotley Pour Contex Organization	Drues Ms 38975
Address Conter/Organizati	on/Individual
Purpose Virtual Mondural Inspection D	Director Flethiea Hoban
	rage End
County Callow Telep	phone No. 62-983-490
Time In 10:30 Time Out 11:00	Total Time
Findings/Comments Conducting Virtual 10	newal inspection. Virtual
Findings/Comments Conducting Virtual reinspection achieved and reinspection	2 and receive Lon 07/29/2020
	uring virtual inspaction tour of the
tacility.	
	and abilities
Projueste O documentation: Copy of a attendance roster for this coy.	WYEAR STAR JOSTEV and Chiarch
CHEROANCE TOSTER TOT THIS CAST	
Email Scanne O. Occumentation ver and Fire Servey Form 333.	itiel: The week Cepcle of Menes
and fire Durvey Torm 333.	
	*
"Class I & II violations may res	sect in a monetary penalty. Repeate
violations may result in the does	bling at the monetary penulty.
Suspension or revocation of the	White Copy - Facility File
Center Director/Designee/Individual  Child Caro Re	
Contra Director/Designee/Individual	7. 207



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Facility Name Nils huinbully Care Program Review
License No. 2585

Date 7/30/20

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)}
2 A A A A A A A A A A A A A A A A A A A
4. D Attendance records for children and staff {Rule 1.6.4 (1) (f)}
5) Attendance records for children and staff {Rule 1.6.3 (1)}
Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
$21 \cdot 1 \cdot$
Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  Monthly records of fire/disaster drills {Rule 1.6.3 (5)}  Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
9.
10. Immunization Records for Children and Staff (Rule 1.6.3 (8)) VP2
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}
13.  Children records (attach children's records form) {Rule 1.6.7}  Reports of serious occurences made as required {Rule 1.7.1}
15. Z Communicable diseases reported as required {Rule 1.7.3}
16 7 D 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.
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. \(\sigma\) \(\sigma\) Infant feeding schedules posted (Appendix C, VII)
Comments/Recommendations
Pass –
License to be issued: Regular Probational Restricted
□ Fail
Follow-up within days
Director Designee Child Care Representative

Mississippi State Department of Health White Copy - Facility File

White Copy - Facility File Yellow Copy - Operator

Revised 12-19-13

Virtual Benewal Inspection

Form 289

## Food Service Facility Inspection Results

PIMS ID Facility Name, Address hids Bain bu	Day Care Inc. 730 20
CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
ASS.	Lunch Prep
	Pork Chop Mixel Vegetables Bluebernes Whole Wheat Raphil Milk/Water
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92070 Plan Review/Const. ☐ 92013 Permit 4 \$200.00	Hethica Hoon Licence Number  Licence Number  Expires: 1210
Permit Date  Permit Date  Please Remit within 10 days to:	White Copy - Facility Yellow Copy - PIMS
Mississinni State Department of Health	Pink Copy- Environmentalist  Virtual Inspector Form 301 Revised 2/15/08

Child Care Licensure Playground Checklist

Center Name Nill Dunbur Lul Gre In Inspection Date 120120	
YES NO N/A	-:'41-
Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, v no gaps? (Rule 1.11.9 (8), pg 60)	with
☐ ☐ 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)	
AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)	
No standing water present on playground or in/on playground equipment or walkway (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)	
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	CC .
$\square$ $\square$ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)	
If swings are present, are S-hooks in good repair? If not, state deficiency  (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 3	
☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34	1-35)
Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-3	7)
☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, p	e og 46
& CPSC 2.2.6, pg	
☐ ☐ 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 of CPSC 3.6, pg 16-17)	&
☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CP 2.5.5, pg 15)	PSC
Director Licensing Official PAULETTE ELLIOTT, CCFI II	
Virtual Inspection	