MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Jackson Date June 3, 19

Facility Name The Learning Depot License Number 1173

Purpose Renewal Capacity 39

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.	Form # 277
2.	
3.	
4.	
5.	
6.	
7.	

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	☑	☐	☐	☐
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 Karla Owens Child Care Representative

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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9 Date June 3, 19

Name The Learning Depot License No. 1173

Address 2594 Tovernent St Ocean Springs 39564
Center/Organization/Individual

Purpose Renewal Director Karla Owens

Mileage Start Mileage End

County Jackson Telephone No. 228-875-1804

Time In 12:45 Time Out Total Time

Findings/Comments

Playground is having repairs completed on the surfacing underneath the climbing structure. Will return in 2 weeks to complete a playground inspection.

Building - no violations observed.

Kitchen "A".

Staff Records - in compliance

Children Records - in compliance

For Renewal:
1) Fire Insp #333 ✓ Send to me
2) 2 week cycle of menus
3) fee ✓ Online
4) Application

Karla Owens
Center Director/Designee/Individual

Anna L Walters
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name The Learning Depot License No. 1173 Date 6-3-19

	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 _____

☑ Pass – Pending playground inspection
License to be issued: ☑ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within _____ days

Karla Owens
☑ Director ☐ Designee

Anna Weller
Child Care Representative

Mississippi State Department of Health
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Yellow Copy - Operator

Revised 12-19-13

Form 289

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
1173	The Reaming Depot	6-3-19

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
	No Violations Observed (P)

☐ 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: 3-31-19	Environmentalist Code: AWS
Please Remit within 10 days to:	

Certified Manager

Licence Number exp 7-11-19

Facility Signature
Environmentalist Signature

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