



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hancock Date 11-8-18
 Facility Name Bay-Waveland HS License Number 0507
 Purpose _____ Capacity 160

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

	In	Out	COS	N/A
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.	18 SA 3-4y
2.	12 SA 3-4y
3.	17 SA 3-4y
4.	17 SA 3-4y
5.	18 3-4y
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

	In	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual

Diane L. Lammie

Child Care Representative

Quiana K. F. L. L. L.
Anne L. Walker

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IX

Date 11-8-18

Name <u>Bay Waveland HS</u>	License No. _____	
Address <u>301 Recaise Ave, Bay St. Louis, MS</u>	Center/Organization/Individual _____	
Purpose <u>Renewal</u>	Director _____	
Mileage Start _____	Mileage End _____	
County <u>Hancock</u>	Telephone No. _____	
Time In <u>8:20 AM</u>	Time Out <u>12:15</u>	Total Time _____

Findings/Comments Met with Director Designee Diane Garcia and MAPS Regional Director @ Manager Bernice Hoskins for Renewal Inspection.

TA provided on appointing an Interim Director due to current Director being out on extended medical leave. Regional Manager, Bernice Hoskins, will submit a copy of her transcripts along with 1 other candidate for Interim Director for approval. An Interim Director will need to be in place within 30 days from today's inspection, unless the current director returns.

Subchapter C Records

Deficiency - Rule 1.6.7(2d) states in part "Documentation of any limitation or restriction, if any, on activities of the child or other participation by the child in certain events such as holiday celebrations or being photographed or other parental concerns."

Findings - Facility was unable to produce documentation of signed authorization for photography for children.

Diane Garcia
Center Director/Designee/Individual

Amanda K. Siz
Child Care Representative

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 11-8-18

Facility Name Bay-Waveland HS License No. 0507

PDC- The family case workers were given a form to add to the enrollment packet for parents. As of today, parents will be given the form to sign as they pick-up children.

Regional Manager Ms. Haslin will send a copy of the 5 forms requested during inspection to SO Amanda Smith. By Friday Nov. 16, 2018.

TA provided on Appendix D, for playground Surfacing.

For Renewal:

Application

Fee

333 Fire Inspection

2 week cycle of menus

5 photograph Authorization forms (see form 289)

5 staff contact hours (10 hours, see 289)

A survey was provided

Center Director/Designee/Individual

Child Care Representative
Amanda H. Smith

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date Nov 8, 18

Facility Name Bay-Waveland HS License No. 0507

Subchapter 12 Health, Hygiene, and Safety

Deficiency: Rule 1.12.7 Monthly fire / disaster (e.g., tornado, severe weather, floods, earthquakes, hurricanes, etc.) evacuation drills are required and a record of each drill shall be maintained in the facility records; to include date, time, number of children and staff present, and amount of time required to totally exit the building.

Finding: During record review, Renana Haskins - Regional Manager & Diane Saucier - Director Designee, was unable to locate the current fire drills.

The inspectors informed them a fire drill will be conducted during the inspection today.

MS Saucier pulled the fire alarm. The building was cleared in a 1 min and 6 seconds.

When the fire alarm was pulled it alerted the fire department. The fire department came to the center.

POC - Renana Haskins will be responsible to ensure that fire drills will be held monthly. Those drills will be recorded and under 2 minutes (Rule 1.5.1(2a)).

The fire drill conducted today will be recorded as November's fire drill.

Extensive TA was provided on Rule 1.12.7 & Rule 1.5.1(2a).

Diane Saucier
Center Director/Designee/Individual

Amanda H. [Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Bay Viewland HS License No. 0507 Date 11-08-18

	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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7} (photography authorization)
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date 11-8-18
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No Corrections



- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

1-31-19

Environmental Code

AW9

Please Remit within 10 days to:

Vanetta Lewis

Certified Manager

Serv Safe

Licence Number

Deanna Lewis
Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist

Child Care Licensure Playground Checklist

Center Name Bay Viewland HS

Inspection Date 11-8-18

YES NO N/A

☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)

☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)

☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)

TA provided on Surfacing around swings & rockers

☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)

☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)

☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)

☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)

☒ ☐ ☐ 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 47)

☐ ☐ ☒ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)

☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)

☒ ☐ ☐ 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 13)

☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)

☒ ☐ ☐ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)

☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)

☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)

☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)

☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)

☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director Diane Jones

Licensing Official Amanda H. Scott