



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hinds Date 12.14.20
 Facility Name The Development Center - The Preschool License Number # 0488
 Purpose Renewal Inspection / TA Capacity 59

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.	<u>4 yr. 12. 1 CG</u>
2.	<u>3 yr. 9 2 CG</u>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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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"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>0</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative Aze Moeen

Center Director/Individual _____

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 5Date 12.14.20

Name The Development Center, The - Preschool License No. #0488
 Address 6648 Gary Rd. Byram, MS 39272
 Center/Organization/Individual Renewal/TA Director Rachel Gill
 Mileage Start _____ Mileage End _____
 County Hinds Telephone No. 601.720.7302
 Time In 8:02 a.m. Time Out 9:35 a.m. Total Time _____

Findings/Comments Upon arrival the LO met w/ the director Denise Hicks. The purpose of this visit is to conduct a renewal inspection and to provide technical assistance.

During the viewing of the facility files the LO observed the following:

- * Deficiency: Rule 15.2 (1) states in part "within ten working days from the date of employment, the child care facility shall submit the following to MSDH for processing: A. completed fingerprint card and fees. B. Child Abuse Registry Form

Findings: LO observed (1) staff w/ no letter of suitability on file at the facility.

Technical assistance was provided w/ the director on all staff must have a valid (LOS) on file at the facility. And to go ahead and submit the following to the fingerprint Department A. a completed fingerprint card w/ fees, and B. child Abuse Registry form. Staff should not be left alone w/ children at no given time until a valid LOS has cleared and a copy Merry Christmas continue to be safe and well and serving the children and families in Mississippi.

LO left a green survey card w/ the director Denise Hicks.

Less than 10 violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

More than 10 violations may result in a monetary penalty.

Denise Hicks
Center Director/Designee Individual

Azelda Ellis
Child Care Representative

LO- Licensing Official
 COS-Corrected on Site
 TA-Technical Assistance
 POC-Plan of Correction
 LOS-Letter of Suitability

White Copy - Facility File
 Yellow Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 12.14.20

Facility Name

The Development Center The Preschool #0488

License No.

is placed in the staff folder. And please submit the valid (LOS) to the LO through email once received.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

Director stated that this violation would be taken care of on today's date, Monday, December 14, 2020 by submitting the staff finger-

print card, files, and child registry form, and once completed it would be submitted to the Finger Print Department. Date of completion, Thursday, December 31, 2020.

Dennis A. Jones
Center Director/Designee/Individual

Azela Ellis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name The Development Center-The Preschool Express License No. #0498 Date 12.14.20

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) (Rule 1.4.1)
<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)) <u>Liability Expired on 12.12.20</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures (Rule 1.4.1 (2))
<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))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff (Rule 1.6.3 (1))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) (Rule 1.6.3 (2))
<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))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills (Rule 1.6.3 (5))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days (Rule 1.6.3 (6))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff (Rule 1.6.3 (8))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (attach employee's records form) (Rule 1.6.4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records (Rule 1.6.5 & Rule 1.6.6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) (Rule 1.6.7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required (Rule 1.7.1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required (Rule 1.7.3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers (Rule 1.7.4)
<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))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room (Subchapter 9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room (Rule 1.10.1 (2))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room (Rule 1.10.1 (3))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room (Rule 1.10.1 (4))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor (Rule 1.11.14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) (Rule 1.12.6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed (Subchapter 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed (Subchapter 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (Appendix C, VII)

Items needed to be submitted to your licensing official to complete your renewal process:

-4 or 6 weeks menus _____

-Fire form: _____

-Contact hours _____

-Catering Contract (If Applicable) N/A _____

Comments/Recommendations _____

Go online to www.healthhms.com to complete your online application and pay fees and print your license on or before Feb 26, 2021 to avoid late fees and reinstatement fees.

Vehicle Expires on 12.16.20

<input type="checkbox"/> Pass -	<input type="checkbox"/> Regular	<input type="checkbox"/> Probational	<input type="checkbox"/> Restricted
<input type="checkbox"/> Fail			
<input type="checkbox"/> Follow-up within _____ days			
	<input type="checkbox"/> Director	<input type="checkbox"/> Designee	

Arzelda Eddis
Child Care Representative

Food Service Facility Inspection Results

PIMS ID # 0488	Facility Name, Address The Preschool Express 1045 Gary Rd. Byram, MS 39272	Date 12.14.20
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No Critical Violations
Observed on today's
Visit.

- | | |
|--|--|
| <input type="checkbox"/> 92020 Scheduled | <input checked="" type="checkbox"/> 92010 Permit No Charge |
| <input type="checkbox"/> 92030 Followup | <input type="checkbox"/> 92015 Permit 1 \$30.00 |
| <input type="checkbox"/> 92040 Complaint | <input type="checkbox"/> 92011 Permit 2 \$100.00 |
| <input type="checkbox"/> 92050 Consultation | <input type="checkbox"/> 92012 Permit 3 \$150.00 |
| <input type="checkbox"/> 92070 Plan Review/Const. | <input type="checkbox"/> 92013 Permit 4 \$200.00 |
| <input type="checkbox"/> 92080 No Inspection | |
| <input type="checkbox"/> 92090 Restaurant Training | |

Permit Date

Environmental Code

Please Remit within 10 days to:


 Rachel Galt T/S 8.24.23
 Certified Manager Licence Number

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist

Child Care Licensure Playground Checklist

Center Name The Development Center - The Preschool Express Inspection Date 12.14.20

- | YES | NO | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 60) In good repair, with no gaps? (Rule 1.11.9 (3), pg 60) |
| <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 (3), 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 7 ft. 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 5.3.6.4-5 pg 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 61) |
| <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 Dennis Hicks Licensing Official Azelda Ellis