



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Walthall

Date 2.21.20.

Facility Name \_\_\_\_\_

License Number \_\_\_\_\_

Purpose Renewal

Capacity 50

## All Items In Red Are Critical

Qualified director present  
 Proper staff to child ratio present  
 Room and playground capacity met  
 Center capacity met  
 License/complaint visible  
 Certified food manager

| In                                  | Out                                 | COS                      | N/A                      |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Sanitation Approved

Garbage and garbage bins maintained  
 Vector control maintained  
 Water system approved and functioning  
 Waste water system approved and functioning  
 Food service approved

| In                                  | Out                                 | COS                      | N/A                      |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Possible Monetary Penalty

|          | Monetary Penalty |
|----------|------------------|
| 1. _____ | \$ _____         |
| 2. _____ | \$ _____         |
| 3. _____ | \$ _____         |
| 4. _____ | \$ _____         |
| 5. _____ | \$ _____         |

## Age/Child/Staff Name

|    |              |             |
|----|--------------|-------------|
| 1. | 4yr / 9 / 11 | Caregiver 1 |
| 2. | 1yr / 7 / 11 | " 2         |
| 3. | Infant /     | " 3         |
| 4. | Byr / 5      | " 4         |
| 5. | 2yr / 4 /    | " 5         |
| 6. |              |             |
| 7. |              |             |

## Other Items - Must be corrected

Children's belongings separated/stored  
 Evacuation plans posted  
 Menus posted and served  
 Plan of activities

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available, and functioning

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Exits unobstructed

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

First aid kits stocked and easily accessible

| In                       | Out                      | COS                      | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Playground area clean, shaded, well drained and equipped and fence in good repair

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Playground equipment meets standards

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Pool area clean, fenced, and adequately maintained

| In                                  | Out                      | COS                      | N/A                      |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Diaper changing stations adequate in number and each fully supplied (number 2)

| In                       | Out                      | COS                      | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual \_\_\_\_\_

Child Care Representative \_\_\_\_\_

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 7 Lear Preschool and Daycare Date 2.21.20

Name Owner: Mary Turner License No. \_\_\_\_\_

Address 600 Franklinton Street

Tylertown, MS 39667

601-876-2828 License# 7328

Purpose Renewal Director J. Johnson

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Walton Telephone No. \_\_\_\_\_

Time In 9:45 Time Out 12:05 Total Time \_\_\_\_\_

Findings/Comments Arrived at the facility and met with director stated the purpose of visit "Renewal" inspection.

TA was provided on the following:

Director asked to have infant room re-measured. licensing official re-measured room and the new capacity is 5. previous cap. was 4.

Licensing official observed heating unit in 1yr old room hot to touch. licensing official recommend placing a piece of furniture in front of unit so children will not have access to touch. This was corrected on site and the owner/director will monitor to ensure compliance at all times.

Acronym/Abbreviation  
LO-License Official  
LOS-Letter of Suitability  
TA-Technical Assistance  
COS-Corrected on Site

— License will be issued once renewal application, renewal fee, menus, fire survey form and contact hours are received. Please complete 30 days prior to expiration date.

Class I and Class II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

Mary Turner  
Center Director/Designee/Individual

Luehoda Sandiford  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

Lear Preschool and Daycare  
 Owner: Mary Turner  
 600 Franklinton Street  
 Tylertown, MS 39667  
 601-876-2828 License# 7328



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name \_\_\_\_\_

License No. \_\_\_\_\_

Date

2.21.20

- |     | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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

see encounter

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

☒ Director ☐ Designee

Child Care Representative

# Food Service Facility Inspection Results

Lear Preschool and Daycare

Owner: Mary Turner

600 Franklinton Street

Tylertown, MS 39667

601-876-2828 License# 7328

PIMS ID

Facility Name, Address

Date

2.21.20

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations  
at the time of visit.

"A" Issued

☒ 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

Environmental Code

Please Remit within 10 days to:

Cynthia Rame

Certified Manager

Tummy Safe

Licence Number

Expires  
8.20.21

Facility Signature

Environmental Signature

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

# Child Care Licensure Playground Checklist

Center Name \_\_\_\_\_

Inspection Date 2.21.20

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(3), 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)
- ☒ ☐ ☐ 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 (3), pg 59)
- ☒ ☐ ☐ 9. Tree limbs at least 7 ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 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)
- ☐ ☐ ☒ 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 & CPSC 5.3.7, pg 36-37)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 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 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director \_\_\_\_\_

Licensing Official \_\_\_\_\_

*Heather Sordya*  
*T. Slay*