



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Humphreys Date 4/25/2018

Facility Name All my Children Daycare License Number 27CAPFA-3623

Purpose Follow up 6 month/TA Capacity 12

## 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 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 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"/>

## 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 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"/>
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<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>NO children present</u>
2.	
3.	
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 checked="" 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

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 01)

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"/>
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Center Director/Individual

Barbie Miller

Child Care Representative

Dana Gomis

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 3Date 4/25/2018

Name	<u>All my Children Daycare Services</u>		License No.	<u>07APFA-3623</u>
Address	<u>100 A. Senior St. J Sola MS 38754</u>			
Purpose	<u>Follow up to month / 1A</u>	Center/Organization/Individual	Director <u>Bobbie Miller</u>	
Mileage Start		Mileage End		
County	<u>Sunflower Humphrey</u>	Telephone No.	<u>(662) 962-2576</u>	
Time In	<u>12:00 pm</u>	Time Out	<u>12:36 pm</u>	Total Time

Findings/Comments The purpose for visit is for a followup visit of a 6th month inspection.

Licensing previously visited the center on 4/24/2018 and no staff nor children were present. Today, licensing met with Bobbie Miller.

Licensing observed no deficiencies on today's visit. If there are any concerns or questions contact Dana Jones @ (662) 887-4451.

A childcare survey was left with Bobbie Miller, owner.

Bobbie Miller  
Center Director/Designee/Individual

Dana Jones  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID <b>3623</b>	Facility Name, Address <b>100 N. Serrel Esola Rd 38259 All my children Daycare Services, INC</b>	Date <b>4/25/2018</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><b>NO CRITICAL VIOLATIONS OBSERVED.</b></p>	<p><b>Met compliance</b></p> <p><b>FACILITY REC'D A "A"</b></p>
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- ☐ 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:

**DJ3**

**Bobbie Miller**  
Certified Manager

**Tammara**  
Licence Number  
**exp: 11/23**

Facility Signature

Environmental Signature

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

# Child Care Licensure Playground Checklist

Center Name All my children Daycare service Inspection Date 4/25/18

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)  
NO equipment presently observed
- ☒ ☐ ☐ 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(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)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. 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

Debbie Miller

Licensing Official

Dana Jones