



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County	<u>Hinds</u>	Date	<u>06/30/2020</u>
Facility Name	<u>Kids' Company, INC</u>	License Number	<u>25CCPFSWA-4192</u>
Purpose	<u>Virtual Renewal Inspection</u>	Capacity	<u>40</u>

## 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>6-12 year olds / 3 / caregiver # 1</u>
2.	<u>7 year old / 1 / caregiver # 2</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"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input 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 <u>1</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Virtual Inspection

Child Care Representative

Cheryl Allen

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

5

Date

06/30/2020

Name

Kids' Company

License No.

4192

Address

3809 W Northside Dr Jackson MS 39209

Center/Organization/Individual

Purpose

Virtual Renewal Inspection

Director

Catherine Aldridge

Mileage Start

Mileage End

County

Hinds

Telephone No.

601-982-1604

Time In

9:30 am

Time Out

10:10 am

Total Time

Findings/Comments

During the virtual inspection the licensing official and supervisor Mrs. Beck-Lee interacted with the facility director and a facility caregiver. The purpose of today's visit was stated.

During the inspection the licensing official was able to virtually see the facility building. There were issues with the facility internet that did not allow the facility playground inspection to be completed. The licensing official requested that pictures of the facility playground area are submitted for review.

No critical violations were found during this virtual inspection.

Class I and 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.

Virtual Inspection

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Kids' Company, INC License No. 4192 Date 06/30/2020

	Yes	No	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures ( <i>Parent's Handbook</i> ) {Rule 1.4.1}
2.	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
14.	<input 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 type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input 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 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 type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted ( <i>Appendix C, VII</i> )

Comments/Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

☐ Director ☐ Designee

Virtual Renewal

Chas Allen

Child Care Representative



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Kids Company INC 3809 W Northside Dr Jackson MS	Date 29 <sup>th</sup> 06/30/2008
---------	--	-------------------------------------

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
<p>No critical violations were found during this virtual inspection</p> <p>"A" issued</p>	

<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input checked="" type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code
Please Remit within 10 days to:	

John Abbrige Serv Safe  
 Certified Manager Licence Number  
 exp: 10/17/2008

Facility Signature <u>Virtual Inspection</u>
Environmental Signature <u>Chasen Allen</u>

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





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Corrective Action Required: Yes NoCorrections required by (Date) N/A

## Food Establishment Inspection Report

Establishment <b>Kids' Company, INC</b>		Time in <b>9:50 am</b>	
Address <b>3809 W Northside Dr</b>		City/State <b>Jackson MS</b>	Zip <b>39209</b>
Telephone <b>601-988-1604</b>		Permit Holder <b>Catherine Abbridge</b>	Risk Level <b>2</b>
License/Permit# <b>25CCPFSWA-4198</b>			

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status	COS	R
<b>Supervision</b>		
1 IN OUT		Person in charge present, demonstrates knowledge, and performs duties
2 IN OUT N/A		Manager certification
<b>Employee Health</b>		
3 IN OUT		Management awareness; policy present
4 IN OUT		Proper use of reporting, restriction & exclusion
<b>Good Hygienic Practices</b>		
5 IN OUT N/O		Proper eating, tasting, drinking, or tobacco use
6 IN OUT N/O		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>		
7 IN OUT N/O		Hands clean and properly washed
8 IN OUT N/A N/O		No bare hand contact with ready-to-eat foods
9 IN OUT		Adequate handwashing facilities supplied & accessible
<b>Approved Source</b>		
10 IN OUT		Food obtained from approved source
11 IN OUT N/A N/O		Food received at proper temperature
12 IN OUT		Food in good condition, safe, and unadulterated
13 IN OUT N/A N/O		Required records available: shellstock tags, parasite destruction
<b>Protection from Contamination</b>		
14 IN OUT N/A		Food separated and protected
15 IN OUT N/A		Food - contact surfaces: cleaned & sanitized
16 IN OUT		Proper disposition of returned, previously served, reconditioned, and unsafe food
<b>Potentially Hazardous Food (TCS food)</b>		
17 IN OUT N/A N/O		Proper cooking time and temperatures
18 IN OUT N/A N/O		Proper reheating procedures for hot holding
19 IN OUT N/A N/O		Proper cooling time and temperature
20 IN OUT N/A N/O		Proper hot holding temperatures
21 IN OUT N/A		Proper cold holding temperatures
22 IN OUT N/A N/O		Proper date marking and disposition
23 IN OUT N/A N/O		Time as a public health control: procedure & records

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 IN OUT N/A		Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>		
25 IN OUT N/A		Pasteurized foods used; prohibited foods not offered
<b>Chemical</b>		
26 IN OUT N/A		Food additives: approved and properly used
27 IN OUT		Toxic substances properly identified, stored, used
<b>Conformance with Approved Procedures</b>		
28 IN OUT N/A		Compliance with variance, specialized process, and HACCP plan
29 IN OUT N/A		Risk control plan as required
<b>Other Critical Factors</b>		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 IN OUT		Water and ice from approved source
31 IN OUT		Insects, rodents, and animals not present
32 IN OUT N/A		Hot and cold water available; adequate pressure
33 IN OUT N/A		Plumbing installed; proper backflow devices
34 IN OUT N/A		Sewage and waste water properly disposed
35 IN OUT		Toilet facilities: properly constructed, supplied
36 IN OUT N/A		Permit/Last inspection posted

Date

Person in Charge (Signature)

Inspector (Signature)



# Child Care Licensure Playground Checklist

Center Name Kids Company, INC

Inspection Date 06/30/2020

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, pg8)
- ☒ ☐ ☐ 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, pg13)
- ☐ ☐ ☒ 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

Virtual Renewal

Licensing Official

Tina Allen