

# MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Prentiss			Date 5 3 202				
Facility Name The Vincular	d Presch	logn	License Number 109				
Purpose Program Prencia		Cap	pacity_ <del>88</del>				
All Items In Red Are Critical Qualified director present	0.1.605	N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In O	out C	cos	<b>N/A</b>
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager			Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning			Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,				
Waste water system approved and functioning Food service approved  Possible Monetary Penalty			and functioning  Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly				
1	Monetary Pena \$ \$	lty	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present				
3.       4.	\$ \$		Exits, doors and fastening devices single action approved and in good working order				
5Age/Child/Staff N			Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order				, <sub>-</sub>
1. Am 1 440-10- Careais	101 #1 101 #29	#3	First aid kits stocked and easily accessil	ble 🗾			
3. 7m 3 3/0-10- Carel	iver # A	5	Playground area clean, shaded, well drained and equipped and fence in good repair	i 🗆			
5. 7m 4 340-16-Care	ediver #10	04#7	Playground equipment meets standards				
6.	J		Pool area clean, fenced, and adequately maintained				
7. Center Director/Individual	Mison	Baga	Diaper changing stations adequate in number and each fully supplied (number)  Child Care Representative	Kru	XIN		ul
	py - Facility Ope	rator	10-08	Km	Fo	elle rm No	6.)281

Mississippi State Department of Health

Form No. 287



# MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Encounter

District 2	id Care Encounter	Date 5 3 2021
	License No. 1091	
Name The Vineyard Preschoo	License No. 10-11	
Address 200 Hwy 45 N', Book	enter/Organization/Individual	11
Purpose TROOKAM TILYCUX	Director_MCISSA BAG	gett
Mileage Start	Mileage End_	
County Pyentiss	Telephone No. <u>(0(02-2 0-3</u>	323
Time In 9:51 Time Out_		
Findings/Comments Here to conduction of the cond	t Program Prenewal In:	spection.
Upon arrival COFT and E	3DD with Director.	1401
Application and applicat	tion the must be sub	mitted at
Application and application healthyms. com by Joy	ne31,2021. Fire form	77333 and 17101103
must be submitted to co	SFI by June 31, 2021	
All Staff contact hours	must be submitted to	COFI by
JU 10,2021.		
33.7		
-Kitchen received an "A";	no exitical violations	in the kitchen
- Staff LAX and 121 in a	sompliance	11 10 01.01.1.
- Received current CPR	First Aid	
- Staff LOS and 121 in c - Received current CPR/1 - Staff- to-child ration	compliance	
Floor Plans and may		have been
updated, verieued, and	Sand.	
On Charles I ideal F	a solf ling the land	
Provider has decided to	0 Sept 1111117 10 100.	
Questionnaire provided.		
10 - 11	· A A	
Missy Baggett	xwxlm Taux we	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual C.	hild Care Representative	

Mississippi State Department of Health



#### **Child Care Encounter** (Continuation)

Page 2 or 3

Facility Na	ame The Vineyard	Preschool	License No. 70	91	
Subch	rapter G. Precon Lenux: Prole For both star	$\frac{1}{2}$ and $\frac{1}{2}$	states in part dren at the -	facility."	Form #121
Find	ings: During 1	to be out	ecords, CCFI of complian	observed one	e child
POC	Facility will by Monday	Submit i May 17	pdated 121-	form to CCI	I
Subuh Defin Find	acter 11: Buildi Lenux: Rule Playaround eau forth in the ings: During I an area, und	nas and ( .H.9 states ipment sk Handbaok walkthraugh	Grands In Part. "All rheet the For Public P	Il planarounds e standards layground Sat nd, CCFI obs	s and set.
	Ter owner,  and pavallion  children aw  it is complet  construction  (Facility has 2				pad Iceep ground
	Provider will so it can be	contact c inspected	CFI nodas co before child	instruction is ren return,	completed
Center I	John Bage Director Designee/Individual	Child Care Repr	sentative by Coul	White Copy Yellow Co	- Facility File ppy - Operator
Miccicci	ppi State Department of Health		Revised 07-27-09		Form No. 277



### **Child Care Encounter** (Continuation)

Page 3 or 3

Date 5 3 202 1

Facility Name The Vineyard Treschool License No. 1091
Technical Assistance: TA was provided on the following:
- Rule 1.11.9-TA was provided on the new equipment (airplane being added to the Planground. The new piece must be anchored and have surfacing to feet around.  H is also recommended that surfacing the added to the bus structure that is already on the planground.
- Prole 1.10.9 (a) TA was provided on children nate mats shall be flame retardent and a minimum of 2 inches think. Facility will choose all nate mats meet these requirements by beginning of new school year, August 2021.
"Class I and II violations may result in monetary penalty. Depeated violations may result in souldling of monetary penalty, suspension, or velocation of the license."
Mon Bage Center Director/Designee/Individual  Child Care Representative

### **Food Service Facility Inspection Results**

PIMS ID	Fac	ility Name, Address	200 HWY 45 N	Date
KP2	Viv	hryard Freschool	Baneville, Ms 38829	5 3 2021
	CRITICAL VIOL	LATIONS	CORRECTION PLAN ANI	SCHEDULE
	nen received vitical violat vitical violat vitical violat	an "A" ions		
92030	) Scheduled ) Followup ) Complaint	92010 Permit No Charge 92015 Permit 1 \$30.00 92011 Permit 2 \$100.00	Certified Manager L	icence Number
	) Consultation	☐ 92012 Permit 3 \$150.00		
	Plan Review/Const.	☐ 92013 Permit 4 \$200.00		
	No Inspection Restaurant Training		Facility Signature	
Permit I		Environmentalist Code	Environmentalist Signature	M /h
Please R	Remit within 10 days to:		White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	Dely Clip



## Corrective Action Required: Yes Corrections required by (Date) \_

H	-	T		
		V	(	)
	1	4	•	,
1				

Food	l Establishment In	spection	n Report	
Establishment	\	Г	Time in	
Address	City/State	Zip	Telephone (01.72 - 2(0)	-3323
License/Permit#	TOOLING IT	Permit	Holder	Risk Level

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

 $\label{eq:mark-cost} \begin{aligned} & \text{Mark "X" in appropriate box for COS and } R \\ & \text{COS} = \text{corrected on-site during inspection} \end{aligned} \quad R = \text{repeat violation} \end{aligned}$ 

#### 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 Statu		COS	R
		Supervision		
1	INOUT	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A	Manager certification		
		Employee Health		
3	INOUT	Management awareness; policy present	4.19	
4	IN OUT	Proper use of reporting, restriction & exclusion	a175-c	
		Good Hygienic Practices		
5	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
6	IN OUT N/O	No discharge from eyes, nose, and mouth		
		Preventing Contamination by Hands	3134	
7	IN OUT N/O	Hands clean and properly washed	laga.	
8	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods		
9	INOUT	Adequate handwashing facilities supplied & accessible		
		Approved Source		_
10	IN OUT	Food obtained from approved source	You w	L
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		
Г		Protection from Contamination	TE T	
14	IN OUT N/A	Food separated and protected	Date (	
15	IN OUT N/A	Food - contact surfaces: cleaned & sanitized		
	F19 40	CASH time remember with sometimes 2	100	
16	INOUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
		Potentially Hazardous Food (TCS food)		
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 Sta	tus de va compos	COS	R
		Consumer Advisory	ji ii	
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
		Highly Susceptible Populations	46-7	130
25	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
		Chemical	83	
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>	15-4	
28	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan	-6-1	
29	IN OUT N/A	Risk control plan as required		
		Other Critical Factors		
	of pat	ntative measures to control the introduction hogens, chemicals and physical objects oods.		
30	INOUT	Water and ice from approved source	111012060	
31	IN OUT	Insects, rodents, and animals not present	or C	
32	IN OUT N/A	Hot and cold water available; adequate pressure	91.8	
33	IN OUT N/A	Plumbing installed; proper backflow devices		
34	IN OUT N/A	Sewage and waste water properly disposed		1
35	INOUT	Toilet facilities: properly constructed, supplied		1
36	IN OUT N/A	Permit/Last inspection posted		

Date	temal Cooleng Temperatury The Item
Person in C	Charge (Signature)
Inspector (	Signature)
	Kimbalo Chik



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Facility Name The Vineyard Preschool License No. 1091 Date 5 3 202

	Yes	No	N/A	
1.	W/	. 🗆		Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.	$\mathbf{A}$			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.	4	. 🗆		Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	V			Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	Y			Attendance records for children and staff {Rule 1.6.3 (1)} Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
6.	M			Current alphabetical roster of children (includes date of birth & date of hire) {Rule 1.6.3 (3)}
7.	4	, 🗖		Current staff roster (includes date of out in & date of nite) (Rule 1.6.3 (5))
8.	A			Monthly records of fire/disaster drills {Rule 1.6.3 (5)}  Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
9.	Q		. 🗆	Immunization Records for Children and Staff (Rule 1.6.3 (8))
10.		, 🛂		Personnel records (attach employee's records form) {Rule 1.6.4}
11.				Volunteer records {Rule 1.6.5 & Rule 1.6.6}
12		/ 🗆		Children records (attach children's records form) {Rule 1.6.7}
13	-			Reports of serious occurences made as required {Rule 1.7.1}
14 15	/			Communicable diseases reported as required {Rule 1.7.3}
16				Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17		<b>~</b>		Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18		<u>,</u> _		Age appropriate program of activities posted in each room {Subchapter 9}
19	1	′ 🖥		Required toys present in infant room {Rule 1.10.1 (2)}
20				Required toys present in toddler room {Rule 1.10.1 (3)}
21		/ <u>-</u>	-	Rule 1 10 1 (4)
22	Ū	<b>∕</b> □		Licensed pest control contractor {Rule 1.11.14} A 9505SW S VX TWV
23				Pets present (proof of immunization as required, signed by veterinarian) (Kule 1.12.0)
24				Appropriate discipline policy followed {Subchapter 14}
25				Appropriate transportation policy followed (Subchapter 15)
26	5. 🗖		2	Infant feeding schedules posted (Appendix C, VII)
C	om	ment	s/Re	commendations
_			William VIII	
-				
100000		10-14-10-1		
	-			
	) D	ass –		
-			to be	e issued: Regular Probational Restricted
Г	- S	ail	10 00	M. D.
7		an Ollow-	-un wi	ithin 14 days VI way Sagal V
1	• 1	OHOW.	up wi	Director Designee Child Care Representative
				2 mallety Cul
Mi	ssiss	ippi S	tate D	Revised 12-19-13  Revised 12-19-13

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WISSISSIFT STATE DEFANIMENT OF FIEALTH	
Facility The Vineyard Reghib License No. 1041 Total Children Total Personnel	onnel Date 5/3/202
COT'S CHEMINION SAGE TOOKS TOO	O STATE STATE DATE OF CHICAGAIGA
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Comments
Amanda Gödin-Cavediver	_
BANEN TONISAM - CARBATURY	
CINHIM TONINGIO - CARDATURY	<
Cindu Fulitt- Caregiver     VIV   V   VVV	
of Birth Address School Standon Stando	TO CONTROL 127
	Comments
Paisky Cook VVVVVVVVVVVVVVVV	
Kenske hopinson VVVVVVVVVVVV	
MILLIAM POINTS VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	
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### Child Care Encounter (Continuation)

Date 5 3 2021

Facility Name MC	VINOVAYO PRESONOO License No. 109
10:00 Bm 1	4 yo (10) Cynthia Johnson - Caregiver #1
Bm 2	540 (10) Cindy Flogit of Missy Baggett Caregiver #12 Caregiver #13
Rm3	340 (10) Amanda Goodin-Caregiver#4
Pin le	2 yo (0) Praven Tohnson-Caregiver #5
Rm A	340 (16) Samantru Parker & Tina Statery Caregiver #6 Caregiver#5
Rm 5	- room not in use today
,00 s	White Copy - Facility File

dividual

Child Care Representative

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### Child Care Licensure Playground Checklist

Cent	er Na	ame _	The	Vineyard Preschool Inspection Date 53202
YES	NO	N/A		•
			1.	Playground fence less than 3 ½" 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)
Z			3.	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
4			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)
	<b>′</b> П		6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 50)
12/			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
<b>4</b>			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  (CPSC5.3.6.4-5 pgs 34-35)
П	П		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)
	Ø	<b>/</b> _	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)
		abla	18.	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC
Dire	ector		Ŋö	Licensing Official Kristen Taylor, CCFI 2  Ambely Cub

#### DISTRICT IV CHILD CARE WORKSHEET

DATE: 5-3-2021	FACILITY: The Vine yard Preschool					
CHILDREN WITH NO 121 (may not return until valid 121 on file at facility)	CHILDREN WITH SHOTS DUE (updated 121 due within 14 days)  Knorch Sackson Das 1-6-18 3-31-2021					
STAFF WITH NO 121 (may not return until valid 121 on file at facility)	STAFF WITH SHOTS DUE (updated 121 due within 14 days)					
STAFF WITH NO LETTER OF SUITABILITY (LOS)	** Staff without a valid LOS on file may not be left alone with children! **					
STAFF/CLASS I & II VIOLATION  PLEASE SEND A COPY OF 121'S WITH IN 14						
PLEASE SEND A COPY OF LETTER OF SUITADAYS OF THIS INSPECTION DATE (Date listed CHILD CARE DIRECTOR:  CHILD CARE REPRESENTATIVE: Kristen Ta	ABILITY WITHIN 60 WORKING d at the top of form)  Saggue					
Fax to Kimberly Clark, CCFI 1 (662)841-9121 Am July Clark						