



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8 Date 5.25.21

Main Street Station

Name 105 Valley Drive, Petal, MS 39428 License No. _____

Address 601-544-0810 Lic. No.: 18C4PA-1732 Director: Bubba Nobles

Purpose Renewal Director Bubba Nobles individual

Mileage Start _____ Mileage End _____

County Forrest Telephone No. _____

Time In 2:40 Time Out 3:25 Total Time _____

Findings/Comments

A Renewal Was Conducted, no deficiencies found during the inspection.

Please submit fire form, contact hours, and menus to licensing official

Great job!

Survey Card was given to Director.

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Forrest</u>	Main Street Station 105 Valley Drive, Petal, MS 39428 601-544-0810 Lic. No.: 18C4PA-1732	Date <u>5.25.21</u>
Facility Name _____	Director: Bubba Nobles	License Number _____
Purpose <u>Renewal</u>	Capacity <u>50</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>26 - AS - B. Nobles</u>
2.	<u>G. Perry</u>
3.	<u>A. Nobles</u>
4.	
5.	
6.	
7.	

Center Director/Individual _____

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative _____

12-10-08

Form No. 281

Facility	License No.	Total Children	Total Personnel	Date
		22	2	01-08-21

Main Street Station
105 Valley Drive, Petal, MS 39428
601-544-0810 Lic. No.: 18C4PA-1732
Director: Bubba Nobles

[illegible][illegible]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Corrective Action Required: Yes No
Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment Main Street Station		Time in	
Address 105 Valley Dr.	City/State Petal / MS	Zip	Telephone
License/Permit# 1732	Permit Holder	Risk Level 2	

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 applicableMark "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
Supervision			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Manager certification	
Employee Health			
3	IN OUT	Management awareness: policy present	
4	IN OUT	Proper use of reporting, restriction & exclusion	
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			
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	
Approved Source			
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	
Protection from Contamination			
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	
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 Status		COS	R
Consumer Advisory			
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
25	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Chemical			
26	IN OUT N/A	Food additives: approved and properly used	
27	IN OUT	Toxic substances properly identified, stored, used	
Conformance with Approved Procedures			
28	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan	
29	IN OUT N/A	Risk control plan as required	
Other Critical Factors			
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	8/21
Person in Charge (Signature)	<i>[Signature]</i>
Inspector (Signature)	<i>[Signature]</i>

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Main Street Station 105 Valley Dr. Petal, MS	Date 5.25.21
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>No Critical Violations</p>	<p>Facility issued an</p> <p style="font-size: 100px; text-align: center;">A</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

TA8

Please Remit within 10 days to:

Bubba Nobles

Certified Manager

Tummy Safe

Licence Number

Facility Signature

Environmental Signature

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



DEPARTMENT OF HEALTH

Main Street Station
105 Valley Drive, Petal, MS 39428
601-544-0810 Lic. No.: 18C4PA-1732

Program Review

Facility Name _____ Director: Bubba Nobles

License No. _____ Date 5.25.21

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (<i>Parent's Handbook</i>) {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 (<i>includes date of birth</i>) {Rule 1.6.3 (2)} |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current staff roster (<i>includes date of birth & date of hire</i>) {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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 (<i>attach employee's records form</i>) {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 (<i>attach children's records form</i>) {Rule 1.6.7} |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3} |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)} |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)} |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present preschool room {Rule 1.10.1 (4)} |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14} |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present (<i>proof of immunization as required, signed by veterinarian</i>) {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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted (<i>Appendix C, VII</i>) |

Comments/Recommendations _____

- ☒ Pass Pending
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days
☐ Director ☐ Designee

Syronica A. [Signature]
 Child Care Representative

Main Street Station
105 Valley Drive, Petal, MS 39428
601-544-0810 Lic. No.: 18C4PA-1732
Director: Bubba Nobles

Date: 5-25-74[illegible]

Please send a copy of 121's within 14 working days of this inspection date (Date listed at the top of form)

Please send a copy of letter of suitability within 60 working days this inspection date (Date listed at the top of form)

Child Care Director: _____

Child Care Representative: Shonica Wells

Main Street Station
105 Valley Drive, Petal, MS 39428
601-544-0810 Lic. No.: 18C4PA-1732
Director: Bubba Nobles

Child Care Licensure Playground Checklist

Center Name _____

Inspection Date

5.25.21

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(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 _____

Licensing Official _____

Jyonna A. A. A.