



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County JacksonDate 11-29-20Facility Name Windy's AcademyLicense Number PendingPurpose FinalCapacity 50

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input 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

	In	Out	COS	N/A
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>Not open yet</u>
2.	
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

	In	Out	COS	N/A
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 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"/>
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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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Jessica StangChild Care Representative [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date 11/24/20

Name <u>Windy's Academy</u>	License No. <u>pending</u>
Address <u>2503 Christ St. Pascagoula</u> Center/Organization/Individual	
Purpose <u>Final</u>	Director <u>Marcy Stacey</u>
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228-244-5187</u>
Time In <u>10:30</u>	Time Out _____ Total Time _____

Findings/Comments Here for a final inspection

Playground - The surfacing on both playgrounds is inadequate. Until a border + mulch is placed over existing surfacing the play structures are not to be used. If any questions arise about repairing + maintaining the surfacing please contact Anna Waters annawaters@msdh.ms.gov.

To open the facility a border fence needs to be constructed in order to use the open grassy area + to insure that no children have access to the play structure on playground #1. Playground #2 is off limits for all play until surfacing is repaired + approved.

The grassy area is measured $43 \times 35 = 1505 \text{ sq ft} \div 75 = 20$. The max capacity of that area will be 20 children once the fence is installed. Be sure to build the fence at the edge of the surfacing.

Once pictures are received a license can be issued.

Jocelyn Stacey
Center Director/Designee/Individual

Anna Waters
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



Food Establishment Inspection Report

Establishment <i>Windy's Academy</i>		Time in <i>11:15</i>	
Address <i>2503 Christ St</i>	City/State <i>Pascagoula</i>	Zip <i>39567</i>	Telephone <i>228-249-5137</i>
License/Permit# <i>pending</i>		Permit Holder <i>Tracey Stacey</i>	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

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
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	<i>October 24, 2020</i>
Person in Charge (Signature)	<i>Kevin Stacey</i>
Inspector (Signature)	<i>Anna Phillips</i>

Food Service Facility Inspection Results

PIMS ID <i>Pending</i>	Facility Name, Address <i>Windy Academy</i>	Date <i>11-29-20</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

	<i>No Violation Observed</i> <i>(A)</i>
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<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 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 <i>A-1</i>
Please Remit within 10 days to:	

Tracy Stacey
 Certified Manager

Sarah Sage
 Licence Number
exp 6/22/25

Facility Signature <i>Tracy Stacey</i>
Environmental Signature <i>Anna L. Walker</i>

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date Sep 23, 2020

Name <u>Windy's Academy</u>	License No. <u>Pending</u>
Address <u>2503 Christ St. Pascagoula</u> Center/Organization/Individual	
Purpose <u>Initial</u>	Director <u>Tracey Stacey</u>
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228-249-5187</u>
Time In <u>10:30 am</u>	Time Out _____ Total Time _____

Findings/Comments

Building - See Form # 286Paperwork -

- 1) CPR
- 2) 1st Aid
- 3) Tracey Stacey MSO # 121 Form
- 4) Liability Statement for Business and

MS Stacey requested that copies be sent to meCall for final inspection

43 X 35

= 1505

÷ 75 = 20

X 3 = 60

All employees must have
Liability

ttee of

Tracey Stacey
 Center Director/Designee/Individual

Anna A. Walker
 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name	<u>Windy's Academy</u>	Date	<u>9/23/20</u>
Physical Address	<u>2503 Christ St. Pascagoula</u>		
Operator	<u>Tracy Stacey</u>	Daytime Telephone Number	<u>228-249-5187</u>
<input type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	<u>Lead Test</u>	Year Building was constructed
Total # of Floors	<u>2</u>	# of Floors Used for Child Care	<u>1</u>
# of Rooms	<u>7</u>	# of Rooms Used for Child Care	<u>5</u>
Construction: Masonry	<input checked="" type="checkbox"/>	Brick	<input type="checkbox"/>
Frame	<input type="checkbox"/>	Metal	<input type="checkbox"/>
Other	<input type="checkbox"/>		

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

In	Out	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Plug covers on all outlets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Heating/cooling – <input checked="" type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____ Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Unapproved heaters (must be removed).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Adequate, proper heating and/or cooling systems.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Child safe thermometers at child level in every room utilized by children.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Adequate lighting. Note – All lights must be shielded.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Telephone accessible to caregivers.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Individual compartments or hooks for each child.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Diaper changing stations in all rooms housing children who are not toilet trained. Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency evacuation plan posted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Hot and cold running water at all handwashing sinks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Building constructed prior to 1965 has been tested for lead.

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Handwashing sink. Note - All sinks must have hot and cold water. |

C. Grounds

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Playground completed before opening for business. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Other |

Surfacing on playground # is usable but needs some gaps filled in surfacing. Playground #1 is designed for use of school age children only.

II. Furniture And Equipment**A. Furniture**

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

B. Equipment

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

IV. Recommendations

Jurina String
Operator/Caterer/Date

Anna O. Walton
Licensing Officer

W. B. Brown



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date Oct. 11, 19

Name <u>Windy's Academy</u>	License No. <u>Pending</u>
Address <u>2503 Christ St. Pascagoula</u> Center/Organization/Individual <u>39567</u>	
Purpose <u>TA.</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228-249-5187</u>
Time In <u>1:00</u>	Time Out _____ Total Time _____

Findings/Comments

T. A provided on building & playground.

A checklist was provided on needed paperwork.

Playground needs tiles to be repaired. Can be covered mulched.

Please send Director qualification for approval

Tracy Stacy
Center Director/Designee/Individual

Anna H. Hatten
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator