



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County HarrisonDate 5-29-19Facility Name KinderCareLicense Number 3629Purpose RenewalCapacity 99

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.	4/5 - 14 - Aimee Nesbit
2.	5A - 7 - Kathy Bhear
3.	Infants - 15 -) Ethel Manaway
4.	{ Hannah Poore
5.	{ Bianca Johnson
6.	3 - 14 - Jackie Davis
7.	2 - 12 - Brandi Poore
	1 - 9 - Georgia Moore

Center Director/Individual Johnny King

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" 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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Care Representative Quana K. Smith

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review - Employee Records & Children's Records

 Facility Kindercare License No. 31029 Total Children 82 Total Personnel 14 Date 5-29-19

Employee's Name and Position	New Director's Orientation														Comments
	Regulations	Playground Safety	Application for Employment	First Aid	CPR	Tummy Safe/Food Manager	Qualifications	15 Contact Hours	Date of Employment (Start Date)	Form No. 121	Suitability Letter	New Employee Orientation			
Bria Barber	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Nicole Lewis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Jacqueline Davis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	3.5 hours		
Delore Rhynes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Tammy Keys	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			

Child's Name	New Director's Orientation														Comments
	Date of Birth	Home Address	Home Telephone Number	Parent's Name	Business Telephone Number	Date of Acceptance	Liability Insurance	Special Needs Critical Notice	Pick Up and Drop Off List	Photography Authorization	Field Trip Authorization	Emergency Authorization	Record of Accidents	Immunization Form No. 121	
Robert Smith	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Norah Rivera	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Leiper McFading	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kylore Hodges	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chyna Hackett	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



Corrective Action Required: Yes No

Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment

KINDERCARE LEARNING CENTER LLC

Time in

12:30

Address

15267 DEDEAUX RD 39503

Zip

Telephone

228-832-3123 Lic. No.: 3629

License/Permit#

Director: TAMMY KEYS

Permit Holder

Knowledge Universe

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 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

Person in Charge (Signature)

Inspector (Signature)

DISTRICT IV CHILD CARE WORKSHEET

DATE: 5-29-19

FACILITY: Kindercare

CHILDREN WITH NO 121 (may not return until valid 121 on file at facility)	CHILDREN WITH SHOTS DUE (updated 121 due within 14 days)
100%	100%
STAFF WITH NO 121 (may not return until valid 121 on file at facility)	STAFF WITH SHOTS DUE (updated 121 due within 14 days)
100%	100%
STAFF WITH NO LETTER OF SUITABILITY (LOS)	** Staff without a valid LOS on file may not be left alone with children! **
100%	100%

PLEASE SEND A COPY OF 121'S WITH IN 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 OF THIS INSPECTION DATE (Date listed at the top of form)

CHILD CARE DIRECTOR: Sammy Ho
CHILD CARE REPRESENTATIVE: Quanda L. S. S.

CHILD CARE REPRESENTATIVE