



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ForrestDate 8/26/20Facility Name Happy MemoriesLicense Number 4913Purpose Virtual RenewalCapacity 75

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. _____	\$ _____

Rooms	Age/Child/Staff
1. <u>1</u>	<u>Infant - 7 -</u>
2. <u>2</u>	<u>1 - 8 -</u>
3. <u>3</u>	<u>2 - 10 -</u>
4. <u>4</u>	<u>3 - 11 -</u>
5. <u>5</u>	<u>4 - 9 -</u>
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"/>
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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 <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual _____

Child Care Representative _____

Shane Bern



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 8.26.20

Name Happy Memories License No. 18CDPFA-4913
 Address 285 Shattles Loop Brooklyn MS 39425
Center/Organization/Individual
 Purpose Virtual Renewal Inspection Director Andrea Ryals
 Mileage Start _____ Mileage End _____
 County Forrest Telephone No. 601.683.0616
 Time In 9:00 Time Out 9:55 Total Time _____

Findings/Comments Virtual renewal inspection conducted.No deficiencies observed during inspectionRec'd fire form, menus, hours, and signed memo.

Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of a monetary penalty, suspension or revocation of the license.

Center Director/Designee/Individual

Sharetta Benno
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Happy Memories License No. 4913 Date 8.26.20

- | | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attendance records for children and staff {Rule 1.6.3 (1)} |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)} |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)} |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)} |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required toys present preschool room {Rule 1.10.1 (4)} |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" 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

Shanelle Benson
 Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Happy Memories	Date 8.26.20
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CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
NO critical violations	NA Facility issued an "A"

<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 338
Please Remit within 10 days to:	

Andrea Rypals
Certified Manager

Tummy Safe
Licence Number

Facility Signature
Environmental Signature Shareda Benno

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



Food Establishment Inspection Report

Establishment Happy Memories		Time in	
Address 285 Shattles Loop	City/State Brooklyn MS	Zip 39425	Telephone 601-583-0616
License/Permit# 4913		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 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 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Manager certification		
Employee Health			
3 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present		
4 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion		
Good Hygienic Practices			
5 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
7 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed		
8 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods		
9 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible		
Approved Source			
10 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source		
11 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature		
12 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated		
13 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
14 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected		
15 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)			
17 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures		
18 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding		
19 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling time and temperature		
20 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper hot holding temperatures		
21 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
22 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper date marking and disposition		
23 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Time as a public health control: procedure & records		

Compliance Status		COS	R
Consumer Advisory			
24 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
25 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered		
Chemical			
26 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
27 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored, used		
Conformance with Approved Procedures			
28 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, and HACCP plan		
29 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Water and ice from approved source		
31 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present		
32 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot and cold water available; adequate pressure		
33 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plumbing installed; proper backflow devices		
34 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Sewage and waste water properly disposed		
35 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied		
36 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Permit/Last inspection posted		

Date **8.26.20**

Person in Charge (Signature)

Inspector (Signature)

Shante Berno

Center Name

Happy Memories

Inspection Date

8.26.20

YES NO NA

- ☒ ☐ ☐ 1. Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), pg 48) in good repair with no gaps? (Rule 1.11.9 (3), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)
-
- ☒ ☐ ☐ 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 walkway? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 3)
- ☒ ☐ ☐ 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, pg 3)
-
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.3.6.4-5 pgs 3)
-
- ☒ ☐ ☐ 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 3)
-
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)
-
- ☒ ☐ ☐ 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 3)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Licensing Official

Shanelle Bennis