Mississippi State Department of Health

Child Care Facility Inspection

County Pontotoc Date 8.14.20

Facility Name Tutti Kids Zone License Number MP102

Purpose Annual Renewal Capacity 35

All Items to Be Met Are Critical	In	Out	COS	N/A
Qualified director employed				
Proper staff to child ratio known				
Ratio and playground capacity not				
Under/over capacity met				
Employee/caregiver records				
Criminal background				

Sanitation Approved				
Garbage and garbage hour instruction				
Water source approved				
Water system approved and functioning				
Water heater system approved and functioning				
Food service approved				

Other Items Must be corrected	In	Out	COS	N/A
Children's belongings segregated/stored				
Evacuation plans posted				
Hours posted and served				
Plan of activities				

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair				
Lighting approved				
Heating/cooling approved				
Ventilation adequate				
Glass approved and shielded				
Telephone on premises, available, and functioning				
Electrical outlets protected				
Large appliances located properly				
Sinks and toilets working properly				
Hot water at all sinks, not to exceed 120°				
Children barred from kitchen, heating machine unsafe, most nutritional guidelines. If present, Exits, doors and fastening devices single action approved and in good working order				
Exits unobstructed				
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order				
Fire or fire marked and easily accessible				
Playground area clean, drained, well drained, and equipped and kept in good repair				
Playground equipment meets standards				
Pool area clean, fenced, and adequately maintained				
Diaper changing station adequate to sanitize and with fully supplied				

Possible Monetary Penalty

Monetary Penalty
1.
2.
3.
4.
5.

Remarks

1.
2. SA - 2.
3.
4.
5.

County Director/Individual _____

Child Care Representative Shaunda Bell

White Copy - Facility File Yellow Copy - Facility Operator

Mississippi State Department of Health 12/10/08 Form No. 393

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8 Date 8.14.20

Name Total Kids Zone License No. 18CCPFA-6902

Address 6054 Highway 49 South 39401
Center/Organization/Individual

Purpose Virtual Renewal Inspection Director LaShontay Burkett

Mileage Start _____ Mileage End _____

County Forrest Telephone No. 601. 543. 5908

Time In 12:15 Time Out 1:05 Total Time _____

Findings/Comments Virtual renewal inspection conducted.

- No deficiencies observed.

- Rec'd fire form and menus

- Awaiting on signed menu and hours.

_____ Sharecha Benard
Center Director/Designee/Individual *Child Care Representative*

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Total Kids Zone License No 6902 Date 8.14.20

	Yes	No	N/A	
1.	☑	☐	☐	**Policies and procedures** ***(Parent's Handbook)*** {Rule 1.4.1}
2.	☑	☐	☐	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.	☑	☐	☐	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	☑	☐	☐	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	☐	☐	☑	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	☐	☐	☑	Current alphabetical roster of children *(includes date of birth)* {Rule 1.6.3 (2)}
7.	☐	☐	☑	Current staff roster *(includes date of birth & date of hire)* {Rule 1.6.3 (3)}
8.	☐	☐	☐	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	☑	☐	☐	**Medication record with date, time, signature for 90 days** {Rule 1.6.3 (6)}
10.	☐	☐	☑	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	☐	☐	☑	**Personnel records** *(attach employee's records form)* {Rule 1.6.4}
12.	☐	☐	☑	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	☐	☐	☑	**Children records** *(attach children's records form)* {Rule 1.6.7}
14.	☐	☐	☑	**Reports of serious occurences made as required** {Rule 1.7.1}
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.	☑	☐	☐	**Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)}
18.	☑	☐	☐	Age appropriate program of activities posted in each room {Subchapter 9}
19.	☐	☐	☐	Required toys present in infant room {Rule 1.10.1 (2)}
20.	☑	☐	☐	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	☑	☐	☐	Required toys present preschool room {Rule 1.10.1 (4)}
22.	☑	☐	☐	Licensed pest control contractor {Rule 1.11.14}
23.	☐	☐	☑	Pets present *(proof of immunization as required, signed by veterinarian)* {Rule 1.12.6}
24.	☑	☐	☐	**Appropriate discipline policy followed** {Subchapter 14}
25.	☐	☐	☐	**Appropriate transportation policy followed** {Subchapter 15}
26.	☑	☐	☐	Infant feeding schedules posted *(Appendix C, VII)*

Comments/Recommendations _____

☑ Pass - Pending
License to be issued: ☑ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within _____ days

_____
☐ Director ☐ Designee

Shaneka Bennett
Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
	Total Kids Zone	8.14.20

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
No critical violations	NA Facility issued a "A"

- [ ] 92020 Scheduled
- [ ] 92030 Followup
- [ ] 92040 Complaint
- [ ] 92050 Consultation
- [ ] 92070 Plan Review/Const.
- [ ] 92080 No Inspection
- [ ] 92090 Restaurant Training

- [x] 92010 Permit No Charge
- [ ] 92015 Permit 1 $30.00
- [ ] 92011 Permit 2 $100.00
- [ ] 92012 Permit 3 $150.00
- [ ] 92013 Permit 4 $200.00

LaShontay Burkett — Certified Manager

ServSafe — Licence Number 9.16.2020

Permit Date	Environmentalist Code
	SB

Please Remit within 10 days to:

Facility Signature
Environmentalist Signature Shaunte Bonds

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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Corrective Action Required: Yes No

Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment			Time in	
Total Kids Zone				
Address	**City/State**	**Zip**	**Telephone**	
6054 Hwy 49S	Hattiesburg MS	39401		
License/Permit#		**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	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 8.14.20

Person in Charge (Signature)

Inspector (Signature) Shaneka Benna

Display for Public View

Center Name Total Kids Zone Inspection Date 8.14.20

YES	NO	N/A		
✓	☐	☐	1.	Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (3), pg 46)* in good repair with no gaps? *(Rule 1.11.9 (3), pg 46)*
✓	☐	☐	2.	2 entrances/exits, with one being remote from the building? *(Rule 1.11.9 (3), pg 46)*
✓	☐	☐	3.	Is surfacing adequate? If not, where is it inadequate? *(CPSC, 2.4.2, pg8)*
✓	☐	☐	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? *(CPS 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, p*
☐	☐	✓	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ *(CPSC5.3.6.4-5 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 inappropriat _____ *(Rule 1.10.2, p*
✓	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. _____ *(Rule 1.11.11 (1), p*
✓	☐	☐	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 1.10.3 (2), pg 3)*
✓	☐	☐	18.	Is wood smooth? Documentation provided that wood has been properly treated. *(CI 2.5.5)*

Director _____ Licensing Official Shaneka Bennett