



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 7/24/20

Name	<u>Just kids 2</u>	License No.	<u>5366</u>
Address	<u>701 Hwy 72 Inka 38852</u>	Center/Organization/Individual	
Purpose	<u>Renewal</u>	Director	<u>Diane Fowler</u>
Mileage Start		Mileage End	
County	<u>Tishomingo</u>	Telephone No.	<u>423 2356</u>
Time In	<u>10:00</u>	Time Out	<u>11:30</u>
		Total Time	

Findings/Comments Here for a zoom pr inspection on 7/24/20.

contact hours checked on zoom call
 121"archild files checked by facility.
 kitchen received an "A"
 playground good

Fire form received new CPR records

* Pass to Regular license *

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID S366	Facility Name, Address Just kids	Date 7/24/20
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations on today's

- ☐ 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

Please Remit within 10 days to:

Diane Fowler

Certified Manager

Licence Number

Facility Signature

Environmental Signature

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



Food Establishment Inspection Report

Establishment Just kids 2		Time in	
Address 701 Hwy 72	City/State Fuka ms	Zip 38852	Telephone 423-2356
License/Permit# S366		Permit Holder Diane Fowler	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="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Manager certification		
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion		
Good Hygienic Practices			
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Hands clean and properly washed		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	No bare hand contact with ready-to-eat foods		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible		
Approved Source			
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Food received at proper temperature		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, and unadulterated		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food separated and protected		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)			
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Proper cooking time and temperatures		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Proper reheating procedures for hot holding		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Proper cooling time and temperature		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Proper hot holding temperatures		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Proper cold holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Proper date marking and disposition		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/A	Time as a public health control: procedure & records		

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

Date

7/24/20

Person in Charge (Signature)

Inspector (Signature)

J. M. M. M.