



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 7/1/2020

Name <u>Madison Pre-school</u>	License No. <u>45CFPPA-6794</u>
Address <u>107 Homestead Dr. Madison, MS 39110</u> Center/Organization/Individual	
Purpose <u>Virtual Renewal Inspection</u>	Director <u>Holly A. Mooney, Anshika Singh</u>
Mileage Start <u>\</u>	Mileage End <u>\</u>
County <u>Madison</u>	Telephone No. <u>601-260-7877</u>
Time In <u>Zoom</u>	Time Out _____ Total Time _____

Findings/Comments The purpose of this meeting is to conduct a virtual renewal inspection. The facility director, Anshika Singh —, is present. The following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- No critical violations were observed regarding the Kitchen-meal prep area. (COS) and technical assistance regarding posting of current menus.
- Technical assistance provided, as needed.
- Renewal pending the receipt of the requested documentation.
- All facility records are in compliance per the MSDH Records Checklist, per the director.

revocation of the license.

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

See the MSDH Renewal Letter
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

late fees and reinstatement fees.

Go online to www.healthmys.com to complete your online application and pay fees and print your license on or before _____, to avoid

County <u>Madison</u>	Date <u>7/1/2020</u>
Facility Name <u>Madison Pre-school</u>	License Number <u>45CFPFA-6794</u>
Purpose <u>Renewal Inspection (Virtual)</u>	Capacity <u>179</u>

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.	Infant / 13 / Caregivers #1, #2, #3
2.	1yr olds / 12 / Caregivers #4, #5
3.	1yr olds / 12 / Caregivers #6, #7
4.	Creeper Room / 14 / Caregivers #8, #9
5.	2yr olds / 13 / Caregivers #10, #11
6.	2yr olds / 11 / Caregivers #12, #13
7.	3yr olds / 9 / Caregivers #14
8.	3yr olds / 12 / Caregivers #15
9.	4yr olds / 12 / Caregivers #16

Center Director/Individual See the MSBH Renewal Letter

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 checked="" type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>6</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Care Representative (Signature)

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

10. 4yr olds / 13 / Caregiver #17 12. School age / 23 / Caregivers #18, #19, #20



Food Establishment Inspection Report

Establishment Madison Pre-School		Time in Zoom	
Address 107 Homestead Dr.	City/State Madison, MS	Zip 39110	Telephone 601-260-7877
License/Permit# 45CFPPA-6794		Permit Holder Anshika Singh	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 N/O	Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean and properly washed		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	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 N/O	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 N/O	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/O	Proper cooking time and temperatures		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Proper cooling time and temperature		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	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 N/O	Proper date marking and disposition		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	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 **7/1/2020**Person in Charge (Signature) **See the MDH Renewal Letter**Inspector (Signature) **[Signature]**

Letter grade "A" rec'd pending receipt of food manager re-certification verification!

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Madison Pre-School 107 Homestead Dr. Madison, MS 39110	Date 7/1/2020
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CRITICAL VIOLATIONS

- No critical violations were observed during the virtual renewal inspection.
- Letter grade "A" rec'd, pending receipt of food manager re-certification.

CORRECTION PLAN AND SCHEDULE

- * Pending test scheduling due to COVID A. Sec email regarding registration
- Verification rec'd 10.5.2020

- ☐ 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

TB, DS

Please Remit within 10 days to:

Anshika Singh

Certified Manager

Timmy Sule

Licence Number

Pending test scheduling due to Covid 19
See email.

Exp. 8/25/2025

Facility Signature

See the MSDH Renewal Letter

Environmental Signature



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

Child Care Licensure Playground Checklist

Center Name Madison Pre-school # 6794 Inspection Date 7/1/2020

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 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 walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 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, pg13)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-35)

- ☐ ☐ ☒ 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 36)

- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 49)

- ☒ ☐ ☐ 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 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director See the MSDH Acknowledgement Letter Licensing Official [Signature] CPE III