



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County NeshobaDate 1-14-20Facility Name Kindoms Day CareLicense Number 0979Purpose Mid yearCapacity 50**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**

	In	Out	COS	N/A
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.	
2.	
3.	
4.	
5.	
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**

	In	Out	COS	N/A
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 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 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 <u>2</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Jane TaylorChild Care Representative Miss Brown

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 6Date 1-14-21Name Kindomco License No. 0979Address 1056 Saint Francis Philadelphia mo  
Center/Organization/IndividualPurpose midyear Director Jane Taylor

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Neshoba Telephone No. 601-656-8679Time In 9:30 Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments

Rule 1.18.3 Formula storage shall be labeled with child's name and dated and placed in refrigerator upon arrival.

Finding: During the facility review the bottles were labeled with no dates to the bottles during the facility review.

TA was provided on the importance of dating and labeling all bottles

P.O.C. The director / owner will be responsible for ensuring that all bottles are labeled and dated. The director will review rule 1.18.3 Formula storage will be reviewed with all staff members. The completion date for compliance is 1-31-21. The director / owner will create a check list for staff to help staff remember daily routine.

Rule 1.9.4 (D.) Items such as but not limited to pillows, blankets, sheepskins, bumpers, soft objects, stuffed toys, bedding etc. shall not be in cribs.

Finding: In classroom 1 item such as bouncer were observed in the cribs.

TA was provided on the importance of having nothing in the cribs at any time

P.O.C. The director / owner will be responsible for ensuring that all bottles are labeled and dated. The director will review rule 1.9.4 (D) with all staff, toys bedding etc shall not be in cribs.

Jane Taylor  
Center Director/Designee/Individual

Mike Buer  
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 1-14-21Facility Name Kindomes License No. 0979

The completion date for compliance is 1-31-21. The director/owner will create a check list of ~~of~~ <sup>for</sup> all staff to help remember daily routine.

Subchapter 12 Health Hygiene, and safety

Rule 1.12.3 Employees Health A child's hands shall be washed immediately before and after eating

Finding: During the facility review children were observed not washing hands before lunch.

T.A. was provided on the importance of children hygiene

P.O.C. The director/owner will be responsible for ensuring that all children wash their hands immediately before and after eating, -After using the toilet or having their diaper changed. A review of Rule 1.12.3 will be reviewed with all employees during monthly staff meeting. A check list will be developed to help teachers remember daily routines. A completion date for compliance is 1-31-21.

T.A. was provided on the importance having a fire/safety plan. The licensing official observed a fire drill. The infant classroom did not have an emergency bed to get out the exit door in the front. The licensing official discussed with the director on putting a fire plan in place for all classrooms. This will be submitted to the licensing official within 10 days 1-31-21.

During the record review 1 staff was found without a 121 may not return until on file.  
During the record review 4 children was observed without a letter of suitability children without a 121 form may not return until a valid 121 is on file

During the record review 2 staff was found without a letter of suitability staff without a letter of suitability can not be left alone with children

*Jane Taylor*  
Center Director/Designee/Individual

A survey was given to the director.  
*M. B. Burch*  
Child Care Representative

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Yellow Copy - Operator

Class 1 & 2 violations may result in a monetary penalty Repeated violations may result in doubling of monetary penalty Repeated violation may result in doubling of monetary penalty supervision, or revocation.





## Food Establishment Inspection Report

Establishment <i>Kindergarten Day Care</i>		Time in	
Address <i>1056 South Travis</i>	City/State <i>Philadelphia MS</i>	Zip <i>39130</i>	Telephone <i>601-656-8679</i>
License/Permit# <i>0979</i>		Permit Holder <i>Jan Taylor</i>	Risk Level <i>TT</i>

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
<b>Supervision</b>			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Manager certification	
<b>Employee Health</b>			
3	IN OUT	Management awareness; policy present	
4	IN OUT	Proper use of reporting, restriction & exclusion	
<b>Good Hygienic Practices</b>			
5	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
6	IN OUT N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
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	
<b>Approved Source</b>			
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	
<b>Protection from Contamination</b>			
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	
<b>Potentially Hazardous Food (TCS food)</b>			
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
<b>Consumer Advisory</b>			
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>			
25	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
<b>Chemical</b>			
26	IN OUT N/A	Food additives: approved and properly used	
27	IN OUT	Toxic substances properly identified, stored, used	
<b>Conformance with Approved Procedures</b>			
28	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan	
29	IN OUT N/A	Risk control plan as required	
<b>Other Critical Factors</b>			
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 <i>11-30</i>
Person in Charge (Signature) <i>Jan Taylor</i>
Inspector (Signature) <i>M. B. Baker</i>

# Food Service Facility Inspection Results

PIMS ID <i>0479</i>	Facility Name, Address <i>Kindness</i>	Date <i>1-14-20</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p><i>NO violations observed during this inspection.</i></p>	
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<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 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
Please Remit within 10 days to:	

*Jane Taylor*  
Certified Manager

*Tummy safe*  
Licence Number

Facility Signature <i>Jane Taylor</i>
Environmental Signature <i>M. B. B.</i>

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy- Environmental

# Child Care Licensure Playground Checklist

Center Name

Kindomes

Inspection Date

1-14-20

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/4" from surface (Rule 1119 (8) pg 48) In good repair with no gaps? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 8)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 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 1119 (5) pg 47)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15)
- ☐ ☐ ☒ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 32 pg 13)
- ☐ ☐ ☒ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 536 4-5 pgs 34-35)
- ☐ ☐ ☒ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1102, pg 36)
- ☐ ☒ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency  
(Rule 1111 (1) pg 49)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated (CPSC 255)

Director

Jane Taylor

Licensing Official

Michelle Bacon