

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Brenda Wilson (name), serve in the capacity of owner, director, or director designee of Smith's Learning Center After School (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date, and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Brenda Wilson
Director Signature

9/22/2020
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County LauderdaleDate 9-20-20Facility Name Smith's After school License Number 6936Purpose Renewal Capacity 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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Pool area clean, fenced, and adequately maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual _____

Child Care Representative Mia. Bryan



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 9-22-20Name Smithis Learning Center Afterschool License No. 38CCPA-6936Address 2300 Highway 45 North
Center/Organization/IndividualPurpose Renewal Director Brenda Wilson

Mileage Start _____ Mileage End _____

County Lauderdale Telephone No. 601-553-8128

Time In _____ Time Out _____ Total Time _____

Findings/Comments No violations found during this inspection. No children present during this inspection.

Center Director/Designee/Individual

Mia Buncy
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



Food Establishment Inspection Report

Establishment Smith's After school Center		Time in	
Address 2300 Highway 45 N	City/State	Zip 39301	Telephone 601-553-8128
License/Permit# 6936	Permit Holder Brenda Wilson		Risk Level II

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			
Potentially Hazardous Food (TCS food)			
17	IN OUT N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures			
18	IN OUT N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
19	IN OUT N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperature			
20	IN OUT N/A <input checked="" type="radio"/> N/O		
Proper hot holding temperatures			
21	IN OUT <input checked="" type="radio"/> 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	IN OUT N/A <input checked="" type="radio"/> 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 N/A		
Compliance with variance, specialized process, and HACCP plan			
29	<input checked="" type="radio"/> IN <input type="radio"/> 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	<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 **9-22-20**

Person in Charge (Signature)

Inspector (Signature) **Mil. Byrum**



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Smith's After School Center License No. 6936 Date 9-22-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) {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 (Appendix C, VII)

Comments/Recommendations _____

☐ Pass –
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

Mia Breen
 Child Care Representative

Child Care Licensure Playground Checklist

Center Name Smith's Learn After School Inspection Date 9-22-20

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair, with no gaps? (Rule 1119 (8) pg 48)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242. pg8)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Are use zones adequate? If not, where are they inadequate? (CPSC 5.3 9, pg 40)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11 If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 32, pg13)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12 If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 36 4-5 pgs 34-35)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13 Are spring rockers a minimum of 6 ft. apart? (ASTM 95.1 2 pg 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1102, pg 36)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Is playground area clean & free of hazards? If not, state deficiency (Rule 11111 (1) pg 49)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Is adequate shade present on the playground? (CPSC 211 pg 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2), pg 36)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 255)

Director _____ Licensing Official M. B. B. B.