



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>45CCPFA-0066</u>	Date <u>7/8/2020</u>
Facility Name <u>HELEN'S CHILD CARE, INC</u>	License Number <u>45CCPFA-0066</u>
<u>733 COTTON HILL RD</u>	
<u>MADISON MS 39110</u>	
Purpose <u>601-856-9782</u>	Capacity <u>40</u>

Virtual Renewal Inspection

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.	Infants 2 Caregiver #1
2.	1-2yrs 4 Caregiver #2
3.	2-3yrs 5 Caregiver #3
4.	3yrs-4yrs 12 Caregiver #4 and #5
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 checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 See the MSDH Renewal Letter Child Care Representative [Signature]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 45CCPFA-0066
HELEN'S CHILD CARE, INC
733 COTTON HILL RD
 Name MADISON MS 39110
601-856-9782

Date 7/8/2020

Address _____
 Center/Organization/Individual _____

Purpose Virtual Renewal Inspection Director Phyllis Cotton

Mileage Start / Mileage End /

County Madison Telephone No. 601-856-9782

Time In Zoom Time Out _____ Total Time _____

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

- No critical violations were observed regarding the facility building and grounds. Per the facility director, all of the equip. play equipment has been removed.
- No critical violations were observed regarding the facility Kitchen/meal prep area.
- Technical assistance was provided, as needed, including the posting of evacuation routes and thermometers at child height.
- Renewal pending the receipt of the requested documentation.
- All facility records are in compliance with the MSOH 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 MSOH Renewal Letter
 Center Director/Designee/Individual

[Signature]
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



Food Establishment Inspection Report

45CCPFA-0066

HELEN'S CHILD CARE, INC
733 COTTON HILL RD
MADISON MS 39110
601-856-9782

Time in

Zoom

City/State

Madison, MS

Zip

39110

Telephone

601-856-9782

License/Permit#

45CC PFA- 0066

Permit Holder

Phyllis Cotton

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 applicableMark "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

7/8/2020

Person in Charge (Signature)

See the MSDH Renewal

Inspector (Signature)

[Signature]

Letter grade "A"

Food Service Facility Inspection Results

45CCPFA-0066

HELEN'S CHILD CARE, INC

733 COTTON HILL RD

MADISON MS 39110

601-856-9782

PIMS ID

Facility Name, Address

Date

7/8/2020

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

~~Critical~~ No critical violations were observed during the virtual inspection.

Letter grade "A"

- ☐ 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:

Phyllis Cotton
Certified Manager

ServSafe
Licence Number
Exp. 5/25/2023

Facility Signature

Environmental Signature

See the MSDH Renewal Letter

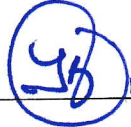
White Copy - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist

Child Care Licensure Playground Checklist

Center Name Meken's Child Care, Inc # 00666 Inspection Date 7/8/2020

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)
Grass only - no equipment
- ☒ ☐ ☐ 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 Renewal Letter Licensing Official  CCPII

* Per the facility director, the facility has voluntarily removed all playground equipment.