



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County FurnessDate 8.26.20Facility Name Myers ChildcareLicense Number 4104Purpose Virtual Renewal Inspection Capacity 50

All Items in Red Are Critical

	In	Out	COS	N/A
Qualified director present	/			
Proper staff to child ratio present	/			
Room and playground capacity met	/			
Center capacity met	/			
License/complaint visible	/			
Certified food manager	/			

Sanitation Approved

Garbage and garbage bins maintained	/			
Vector control maintained	/			
Water system approved and functioning	/			
Waste water system approved and functioning	/			
Food service approved	/			

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Rooms	Age/Child/Staff Name
1.	
2.	1 - infants - 3 - P. Myers
3.	
4.	2 - 1 - 9 - P. Myers
5.	
6.	4 - 3 - 8 - T. Myers
7.	

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	/			
Evacuation plans posted	/			
Menus posted and served	/			
Plan of activities	/			

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	/			
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Lighting approved	/			
Heating/cooling approved	/			
Ventilation adequate	/			
Glass approved and disinfected	/			
Telephone on premises, available, and functioning	/			

Electrical outlets protected	/			
Large appliances located properly	/			
Sinks and toilets working properly	/			
Hot water at all sinks, not to exceed 120°	/			

Children barred from kitchen	/			
Vending machine meets most nutritional guidelines, if present				/
Exits, doors and fastening devices single action approved and in good working order	/			

Exits unobstructed	/			
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	/			

First aid kits stocked and easily accessible	/			
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Playground area clean, shaded, well drained and equipped and fence in good repair	/			
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Playground equipment meets standards	/			
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Pool area clean, fenced, and adequately maintained				/
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Diaper changing stations adequate in number and each fully supplied (number _____)	/			
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Center Director/Individual _____

Child Care Representative Shanetta Bena



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 8.26.20District B

Name Myers Child Care License No. 18CCPF-4104
 Address 1101 Dabbs St Hattiesburg Ms 39401
Center/Organization/Individual
 Purpose Virtual Renewal Inspection Director Alma Myers
 Mileage Start _____ Mileage End _____
 County Forrest Telephone No. 601.583.4300
 Time In 12:00 Time Out 12:50 Total Time _____

Findings/Comments Virtual renewal inspection conducted.
No deficiencies observed during inspection.
Rec'd fire form, menus, hours, and signed memo.

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

Center Director/Designee/Individual

Shanetta Bennis
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Myers Childcare License No. 4104 Date 8.26.20

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

Comments/Recommendations _____

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

Sharee Benn
 Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Myers Childcare</u>	Date <u>8.26.20</u>
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CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
No critical violations	NA Facility issued an "A"

<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 checked="" 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 <u>3B8</u>
Please Remit within 10 days to:	

Andrel Myers
Certified Manager

Timmy Gabe
Licence Number

Facility Signature
Environmentalist Signature <u>Shante Berra</u>

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



Corrective Action Required: Yes No
 Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment Myers Childcare		Time in	
Address 1101 Dobbas St	City/State Hattiesburg MS	Zip 39401	Telephone 601.583.4300
License/Permit# 4102	Permit Holder		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	Description	COS	R
Supervision			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Manager certification		
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion		
Good Hygienic Practices			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible		
Approved Source			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)			
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures		
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding		
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature		
20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures		
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition		
23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedure & records		

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

Date **8.26.20**

Person in Charge (Signature) _____

Inspector (Signature) **March Benno**

Center Name Myers ChildcareInspection Date 8.26.20

- | YES | NO | NA | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 48) In good repair with no gaps? (Rule 1.11.9 (3), pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. No standing water present on playground or in/on playground equipment or walkway? (CPSC 2.4.2.2-5, pg 10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (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 3.2, pg 3) |
| <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 3.6.4-5 pgs 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, 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 1.10.2, pg 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5) |

Director _____

Licensing Official

Shantia Benas