



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County	<u>Yazoo</u>	Date	<u>07/08/2020</u>
Facility Name	<u>A to Z Preschool</u>	License Number	<u>6034</u>
Purpose	<u>Virtual Renewal</u>	Capacity	<u>67</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.	<u>1 year olds / 6 / Caregiver #1</u>
2.	<u>2 year olds / 9 / Caregiver #2</u>
3.	<u>3-4 year olds / 7 / Caregiver #3</u>
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

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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 checked="" 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"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>11</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Virtual RenewalChild 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

5

Date 07/08/2020

Name	A to Z Preschool	License No.	6834
Address	875 E 15 <sup>th</sup> St Yazoo City MS 39194		
	Center/Organization/Individual		
Purpose	Virtual Renewal Inspection	Director	Barbara Haymer
Mileage Start		Mileage End	
County	Yazoo	Telephone No.	601 - 746 - 0670
Time In	10:03am	Time Out	10:46 am
		Total Time	

Findings/Comments During this virtual inspection the licensing official interacted with the facility director.

Due to it raining during this inspection the licensing official was not able to see the playground area. The building was inspected.

Technical assistance was given on removing the cleaning products out of the reach of the children in the 2 year old classroom. A wall thermometer is needed in the 2 year old classroom also.

The facility food manager certification has expired. The facility director has completed the tummy safe modules but due to COVID-19 she has not been able to set up a day and time to do the test.

All required documents have been submitted.

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.

Virtual Renewal  
Center Director/Designee/Individual

*Kesha Allen*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name A to Z Preschool License No. 6834 Date 07/08/2020

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Policies and procedures ( <i>Parent's Handbook</i> ) {Rule 1.4.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Approved arrival and departure procedures {Rule 1.4.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Attendance records for children and staff {Rule 1.6.3 (1)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Immunization Records for Children and Staff {Rule 1.6.3 (8)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Reports of serious occurrences made as required {Rule 1.7.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Communicable diseases reported as required {Rule 1.7.3}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Age appropriate program of activities posted in each room {Subchapter 9}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Required toys present in infant room {Rule 1.10.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Required toys present in toddler room {Rule 1.10.1 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Required toys present preschool room {Rule 1.10.1 (4)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Licensed pest control contractor {Rule 1.11.14}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Appropriate discipline policy followed {Subchapter 14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Appropriate transportation policy followed {Subchapter 15}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Infant feeding schedules posted ( <i>Appendix C, VII</i> )

Comments/Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Virtual Renewal  
☐ Director ☐ Designee

Jess Allen  
 Child Care Representative





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Corrective Action Required: Yes No  
Corrections required by (Date) N/A

## Food Establishment Inspection Report

Establishment <u>A to Z Preschool</u>		Time in	
Address <u>875 E 16th</u>	City/State <u>Gazoo MS</u>	Zip <u>39194</u>	Telephone <u>662-746-0670</u>
License/Permit# <u>6834</u>	Permit Holder <u>Barbara Haymer</u>		Risk Level <u>2</u>

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	Compliance Status		COS	R
<b>Supervision</b>				<b>Consumer Advisory</b>			
1 IN OUT	Person in charge present, demonstrates knowledge, and performs duties			24 IN OUT	Consumer advisory provided for raw or undercooked foods		
2 IN OUT	Manager certification			<b>Highly Susceptible Populations</b>			
<b>Employee Health</b>				25 IN OUT	Pasteurized foods used; prohibited foods not offered		
3 IN OUT	Management awareness; policy present			<b>Chemical</b>			
4 IN OUT	Proper use of reporting, restriction & exclusion			26 IN OUT	Food additives approved and properly used		
<b>Good Hygienic Practices</b>				27 IN OUT	Toxic substances properly identified, stored, used		
5 IN OUT	Proper eating, tasting, drinking, or tobacco use			<b>Conformance with Approved Procedures</b>			
6 IN OUT	No discharge from eyes, nose, and mouth			28 IN OUT	Compliance with variance, specialized process, and HACCP plan		
<b>Preventing Contamination by Hands</b>				29 IN OUT	Risk control plan as required		
7 IN OUT	Hands clean and properly washed			<b>Other Critical Factors</b>			
8 IN OUT	No bare hand contact with ready-to-eat foods			Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
9 IN OUT	Adequate handwashing facilities supplied & accessible			30 IN OUT	Water and ice from approved source		
<b>Approved Source</b>				31 IN OUT	Insects, rodents, and animals not present		
10 IN OUT	Food obtained from approved source			32 IN OUT	Hot and cold water available; adequate pressure		
11 IN OUT	Food received at proper temperature			33 IN OUT	Plumbing installed; proper backflow devices		
12 IN OUT	Food in good condition, safe, and undeteriorated			34 IN OUT	Sewage and waste water properly disposed		
13 IN OUT	Required records available; shellstock tags, parasite destruction			35 IN OUT	Toilet facilities properly constructed, supplied		
<b>Protection from Contamination</b>				36 IN OUT	Permit/Last inspection posted		
14 IN OUT	Food separated and protected			<b>Date</b> <u>07/08/2020</u>			
15 IN OUT	Food - contact surfaces cleaned & sanitized			<b>Person in Charge (Signature)</b> <u>Virtual Renewal</u>			
16 IN OUT	Proper disposition of returned, previously served, reconditioned, and unsale food			<b>Inspector (Signature)</b> <u>Tessa Allen</u>			
<b>Potentially Hazardous Food (TCS food)</b>							
17 IN OUT	Proper cooking time and temperatures						
18 IN OUT	Proper reheating procedures for hot holding						
19 IN OUT	Proper cooling time and temperature						
20 IN OUT	Proper hot holding temperatures						
21 IN OUT	Proper cold holding temperatures						
22 IN OUT	Proper date marking and disposition						
23 IN OUT	Time as a public health control: procedure & records						



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Atoz Preschool</u> <u>875 E 15th St Yazoo City MS</u>	Date <u>07/08/2020</u>
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CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
<p>The facility has a expired food Manager Certification</p>	<p>Tummy Safe online modules have been completed. The facility director has not been able to schedule the face to face test due to COVID-19.</p>

<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	Environmentalism Code
Please Remit within 10 days to:	

Barbara Haymer Tummy Safe  
 Certified Manager Licence Number  
 exp: 05/20/2020

Facility Signature <u>Virtual Renewal</u>	Environmentalism Signature <u>Shaw Allen</u>
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White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy- Environmentalism



# Child Care Licensure Playground Checklist

Center Name A to Z Preschool

Inspection Date 07/08/2020

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

Virtual Renewal

Licensing Official

Lisa Allen

\*Playground was not inspected due to the weather.