



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Marion Date 8.27.20

Facility Name Little Foxworth Preschool License Number 7040

Purpose Virtual Renewal Inspection Capacity 36

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. _____	\$ _____

Rooms	Age/Child/Staff Name
1. <u>1</u>	<u>2-10</u>
2. _____	_____
3. <u>2</u>	<u>3-10</u>
4. _____	_____
5. <u>3</u>	<u>1</u> <u>6</u>
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual _____

Child Care Representative Shavon Benson



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

8

Date 8.27.20

Name Little Foxworth's Preschool License No. 46CCPF-7040
 Address 2216 Hwy 586 Foxworth MS 39483
Center/Organization/Individual
 Purpose Virtual Renewal Inspection Director Angela Robertson
 Mileage Start _____ Mileage End _____
 County Marion Telephone No. _____
 Time In 2:00 Time Out 2:45 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

Sharon Berns
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Little Foxworth's Preschool License No. 7040 Date 8.27.20

- | | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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

Shane Bennis
 Child Care Representative



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

Food Establishment Inspection Report

Establishment Little Foxworth's Preschool		Time in	
Address 2216 Hwy 586	City/State Foxworth, MS	Zip 39483	Telephone 601.522.2648
License/Permit#		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 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	Description	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 **8.27.20**

Person in Charge (Signature) _____

Inspector (Signature) **Shanetta Bennis**

Center Name

Little Foxworth

Inspection Date

8.27.20

YES NO NA

☒ ☐ ☐

1. Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), pg 48) in good repair, with no gaps? (Rule 1.11.9 (3), pg 48)

☒ ☐ ☐

2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)

☒ ☐ ☐

3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)

☒ ☐ ☐

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 3)

☒ ☐ ☐

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, pg 3)

☐ ☐ ☐

12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.3.6.4-5 pgs 3)

☒ ☐ ☐

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 3)

☒ ☐ ☐

15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)

☒ ☐ ☐

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 3)

☒ ☐ ☐

18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Licensing Official

Shirley Benson