



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Pearl River</u>	Child Development Lab School 101 Hwy 11 North Poplarville, MS 39470 601-4031256 Lic. No.: 55CCGFE-1065 Director: CARRIE HALES	<u>1.7.21</u>
Facility Name _____		Number _____
Purpose <u>Renewal</u>		<u>50</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.	
2.	<u>NO children present</u>
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

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 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"/>
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Carri HalesChild Care Representative Shawna Benson



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date 1.7.21

Name Child Development Lab School
 Address 101 Hwy 11 North Poplarville, MS 39470
601-4031256 Lic. No.: 55CCGFE-1065
 Director: CARRIE HALES

Purpose RenewalMileage Start Mileage End County Pearl River Telephone No. Time In 10:22 Time Out 11:50 Total Time Findings/Comments Here to conduct a renewal inspection.

TA was provided on rule 1.5.2 (Staff without a valid LOS on file. Proper documents were submitted to MSDH and MDHS. Fingerprinting was called but the system was down and unable to verify. Staff can not be left along with children until a valid LOS is on file and submitted to LD.

No children were present at the facility during the walk through.

* Rec'd fire form, hours, and menus.

"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."

Carrie Hales
 Center Director/Designee/Individual

Shaunda Benson
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Child Development Lab School
 101 Hwy 11 North Poplarville, MS 39470
 601-4031256 Lic. No.: **55CCGFE-1065**
 Director: CARRIE HALES



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____

License No. _____

Date 1.7.21

	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 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 (<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 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 (<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Carrie Hales
☒ Director ☐ Designee

Sharatha Berno
 Child Care Representative

DEC 15 2020



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Food Establishment Inspection Report / PERMIT TO OPERATE

Establishment PRCC CAFETERIA		Permit Date 06/26/2020	Time In 10:38
Address 101 HWY 11 NORTH		City POPLARVILLE	State Zip MS 39470
Facility ID 5020793		Permit Holder Aladdin Food Mgmt Svcs	Telephone 601-403-1320
Risk Level 4		Manager Email Address pearlrivercc@valleyinc.com	

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.

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

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

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

Encounter Date: 08/03/2020
Person in Charge (Signature)
Inspector Name: VALDES, BETTY (BV9)
Inspector (Signature)
Next encounter date: 2020-12-26, Next encounter type: Scheduled

Display for Public View / Non-Transferrable / Permit valid for 1 year from the Permit Date

Mississippi State Department of Health

Revised 12-23-2016

Form 328

Child Development Lab School
101 Hwy 11 North Poplarville, MS 39470
601-4031256 Lic. No.: **55CCGFE-1065**
Director: CARRIE HALES

Center Name _____

Inspection Date 1.7.21

- | YES | NO | NA | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <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 38) |
| <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 walkways? (CPSC 2.4.2.2-3, pg 40) |
| <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 36) |
| <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 (3), 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 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 1.10.3, 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 3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.3 (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. (CI 2.5.5) |

Director

Carrie Hales

Licensing Official

Shawna Benner