



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Alcorn</u>	Date <u>8/15/20</u>
Facility Name <u>L.H.C. Superstars</u>	License Number <u>7274</u>
Purpose <u>PR</u>	Capacity <u>68</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>130080 PRR Infants 4H1</u>
2.	<u>2's / 10 H2</u>
3.	<u>3's / 12 H3</u>
4.	<u>4's / 8 H4</u>
5.	<u>Schulge 4 H5</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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual \_\_\_\_\_

Child Care Representative [Signature]



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## Child Care Encounter

District 2Date 8/15/20

Name <u>Little Superstars</u>	License No. <u>7274</u>
Address <u>3112 Kendrick Rd Corinth MS</u>	
Center/Organization/Individual	
Purpose <u>PR</u>	Director <u>Shelly H. Carner</u>
Mileage Start _____	Mileage End _____
County <u>Alcorn</u>	Telephone No. <u>662-872-3149</u>
Time In <u>11:45</u>	Time Out _____ Total Time _____

Findings/Comments License official Ashley McNeill and Virginia Berg did a  
Virtual Zoom inspection on 8/15/20.

Facility checked files  
Kitchen receipt on A  
Playground - good

At the time of the inspection children was napping  
all children was counted and room was inspected.

Contact hours was checked on call and fire fire email to  
license official

Facility passed inspection

Center Director/Designee/Individual

  
 Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator



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

## Food Establishment Inspection Report

Establishment	Little Super Stars Learning Center			Time in	11:45
Address	3112 Kendrick Rd	City/State		Zip	
				Telephone	662-872-3149
License/Permit#	7274	Permit Holder	Arlene Settle		Risk Level

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

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

Date

8/15/20

Person in Charge (Signature)

Inspector (Signature)

C. Lymur