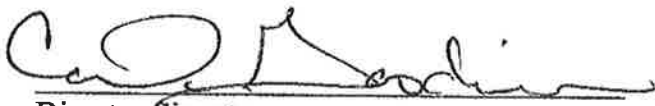


Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Carla Godwin (name), serve in the capacity of owner, director, or director designee of Small Hands Academy (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date, and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.


Director Signature

10-14-20
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ClarkDate 9-30-20Facility Name Small Hands AcademyLicense Number 12CCPF-7495Purpose RenewalCapacity 56**All Items In Red Are Critical**

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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
 Heating/cooling approved
 Ventilation adequate
 Glass approved and shielded
 Telephone on premises, available,
 and functioning

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

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

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

Children barred from kitchen
 Vending machine snacks meet
 nutritional guidelines, if present
 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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed
 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"/>
<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"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

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 2)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual _____

Child Care Representative _____

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 6Date 9-30-20

Name <u>Small Hands Academy</u>	License No. <u>12 CCPF-7495</u>
Address <u>120 N App Street 39352</u>	
Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Carla Goowin</u>
Mileage Start _____	Mileage End _____
County <u>Quitman</u>	Telephone No. <u>601-776-2941</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments NO violations observed during this inspection. S

Center Director/Designee/Individual

Mie. Bran
 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



Food Establishment Inspection Report

Establishment Small Hands Academy		Time in	
Address 120 N APP Street	City/State Quitman ms	Zip 39355	Telephone 601-776-2961
License/Permit# 7495		Permit Holder Carla Goodwin	Risk Level II

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		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		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 **9-30-20**

Person in Charge (Signature)

Inspector (Signature) **Mic Brcm**

Child Care Licensure Playground Checklist

Center Name Small hands Academy

Inspection Date 9-30-20

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) in good repair with no gaps? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, 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 1119 (5) pg 47)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 32 pg13)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 36 4-5 pgs 34-35)
- ☒ ☐ ☐ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1102, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency _____ (Rule 1111 (1) pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 211 pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated (CPSC 255)

Director _____

Licensing Official M. Brun