



MISSISSIPPI STATE DEPARTMENT OF HEALTH

USM Center for Child Development

3400 Morningside Dr., Hattiesburg, MS 39401

601-266-5294 Lic. No.: 18CEGF-1497

Director: Melissa Weaver

Inspection

County Forrest

10.15.20

Facility Name _____

License Number _____

Purpose Virtual Renewal

Capacity _____

105

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.	
3.	<u>See 2nd Encounter</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"/>
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 _____

Child Care Representative _____

Thanecho Bennett



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 10.15.20

Name _____ USM Center for Child Development
 Address _____ 3400 Morningside Dr., Hattiesburg, MS
 39401
 Purpose Virtual Renewal 601-266-5294 Lic. No.: **18CEGF-1497**
 Director: Melissa Weaver
 Mileage Start _____ Mileage End _____
 County Forrest Telephone No. _____
 Time In 12:10 Time Out 12:51 Total Time _____

Findings/Comments Virtual renewal inspection conducted.No deficiencies observed during inspection.Rec'd fire form, menus, hours and signed memo.Good Job!

"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

Sharetha Bennett
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Child Care Encounter (Continuation)

Date 10.15.20

Director: Melissa Weaver

Facility Name _____

License No.

Facility Name	Address	Phone No.
Room	Age	# Child
		Staff

107	4	12
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109 3 11

111 2 11

115 3 8

119 infant 5

122 2 6

126

123 1 5

Center Director/Designee/Individual

Charles Bennett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

USM Center for Child Development
3400 Morningside Dr., Hattiesburg, MS
39401
601-266-5294 Lic. No.: **18CEGF-1497**
Director: Melissa Weaver

PIMS ID	Facility No.	Date
	39401	10.15.20

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>No critical violations</p>	<p>NA</p> <p>Facility issued a letter</p> <p>" A "</p>
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<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	Environmental Code
	SB8
Please Remit within 10 days to:	

Rachel Newman Tummy Sate
Certified Manager Licence Number

Facility Signature
Environmental Signature
Shawna Benard

White Copy - Facility
Yellow Copy - PIMS
Pink Copy- Environmentalist



Food Establishment Inspection Report

Establishment	USM Center for Child Development 3400 Morningside Dr., Hattiesburg, MS 39401	Time in	
Address	601-266-5294 Lic. No.: 18CEGF-1497 Director: Melissa Weaver	Zip	Telephone
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		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 **10.15.20**

Person in Charge (Signature)

Inspector (Signature)

Shaneetha Bennett

USM Center for Child Development
3400 Morningside Dr., Hattiesburg, MS
39401
601-266-5294 Lic. No.: **18CEGF-1497**
Director: Melissa Weaver

Inspection Date 10.15.20

Center Name _____

YES NO N/A

☒ ☐ ☐ 1.

Playground fence less than 3 1/2" 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 3)

☒ ☐ ☐ 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 walkway? (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 3.3.9, 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 3.6.4-5 pg 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 3)

☒ ☐ ☐ 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. (CI 2.5.5)

Director _____

Licensing Official _____

Sharon Bennis

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

This letter is an acknowledgement 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, Y McElissie Wlean (name), serve in the capacity of owner, director, or director designee of USM Center for Child Development (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.

Y McElissie Wlean
Director Signature

10/15/2020
Date of Signature