MISSISSIPPI STATE DEPARTMENT OF HEALTH
Child Care Facility Inspection

County **45CEPFA-7049**
Facility **OVER THE RAINBOW CHILDCARE CENTER**
212 S UNION ST
CANTON MS 39046
Purpose

Date **7/8/2020**

License Number **45CEPFA-7049**

Capacity **150**

Virtual Renewal Inspection

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	✔	☐	☐	☐
Proper staff to child ratio present	✔	☐	☐	☐
Room and playground capacity met	✔	☐	☐	☐
Center capacity met	✔	☐	☐	☐
License/complaint visible	✔	☐	☐	☐
Certified food manager	✔	☐	☐	☐

Sanitation Approved

	In	Out	COS	N/A
Garbage and garbage bins maintained	✔	☐	☐	☐
Vector control maintained	✔	☐	☐	☐
Water system approved and functioning	✔	☐	☐	☐
Waste water system approved and functioning	✔	☐	☐	☐
Food service approved	✔	☐	☐	☐

Possible Monetary Penalty

Monetary Penalty

1. _____ $_____
2. _____ $_____
3. _____ $_____
4. _____ $_____
5. _____ $_____

	Age/Child/Staff Name
1.	Infant room closed
2.	Toddlers/5/ Caregiver #1
3.	2yrs-3yrs/4/ Caregiver #2
4.	Schoolage/7/ Caregiver #3
5.	
6.	
7.	

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	✔	☐	☐	☐
Evacuation plans posted	✔	☐	☐	☐
Menus posted and served	✔	☐	☐	☐
Plan of activities	✔	☐	☐	☐

Building and Grounds

	In	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	✔	☐	☐	☐
Lighting approved	✔	☐	☐	☐
Heating/cooling approved	☐	☐	☐	✔
Ventilation adequate	✔	☐	☐	☐
Glass approved and shielded	✔	☐	☐	☐
Telephone on premises, available, and functioning	✔	☐	☐	☐
Electrical outlets protected	✔	☐	☐	☐
Large appliances located properly	✔	☐	☐	☐
Sinks and toilets working properly	✔	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☐	☐	☐	✔
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	✔	☐	☐	☐
Exits unobstructed	✔	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	✔	☐	☐	☐
First aid kits stocked and easily accessible	✔	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	✔	☐	☐	☐
Playground equipment meets standards	✔	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	✔
Diaper changing stations adequate in number and each fully supplied (number __2__)	✔	☐	☐	☐

Center Director/Individual **See the MSDH Renewal Lett.** Child Care Representative _____

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____ **5** _____   Date **7/8/2020**

Name _____ **45CEPFA-7049** _____   License No. **45CEPFA - 7049**
            OVER THE RAINBOW CHILDCARE
            CENTER
Address _____ **212 S UNION ST** _____ /Organization/Individual
            CANTON MS 39046
Purpose _____ **601 859 7224** _____   Director **Tonjula Luckett, Ester Anderson**

Mileage Start _____ \ _____   Mileage End _____ \ _____

County _____ **Madison** _____   Telephone No. **(601) 859- 7224**

Time In **200m** _____   Time Out _____   Total Time _____

Findings/Comments The purpose of this visit is to conduct a virtual renewal inspection Inspection. The facility director, Tonjula Luckett is present. The following observations were made:

- No critical violations were observed regarding the facility building and grounds.

- No critical violations were observed regarding the facility kitchen meal prep area.

- Technical assistance was provided regarding:

- The MSDH Records checklist
- New facility policies regarding COVID-19
- Placement of manual thermometers in the Toddler room refrigerator.

- Renewal pending the receipt of the requested documents.

Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

See the MSDH Renewal Letter
Center Director/Designee/Individual   Child Care Representative

Mississippi State Department of Health   Revised 6-24-09   Form No. 287

Food Service Facility Inspection Results

45CEPFA-7049
OVER THE RAINBOW CHILDCARE
CENTER
212 S UNION ST
CANTON MS 39046
601 859 7224

PIMS ID	Facility Name,		Date
			7/8/2020

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
- No critical violations were observed during the virtual inspection. - Letter grade "A" rec'd	

☐ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	

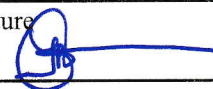| Permit Date	Environmentalist Code
	TB, DS

Please Remit within 10 days to:

Tonjula Luckett
Certified Manager

Tummy Safe
Licence Number

Exp 6/2/2025

Facility Signature   See the MSDH Renewal Letter

Environmentalist Signature

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

Mississippi State Department of Health

Form 301 Revised 2/15/08

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Corrective Action Required: Yes   No

Corrections required by (Date) _____

Food Establishment Inspection Report

45CEPFA-7049
Establishm **OVER THE RAINBOW CHILDCARE CENTER**
Address **212 S UNION ST**
CANTON MS 39046
601-859-7224

Time in **Zoom**

Zip

Telephone **601-859-7224**

License/Permit# **45CEPFA - 7049**

Permit Holder **Esther H. Anderson**

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 **7/8/2020**

Person in Charge (Signature) **See the MSDH Renewal Letter**

Inspector (Signature)

Letter grade "A" rec'd

Mississippi State Department of Health

Revised 2-24-12

Form 328

Display for Public View

Child Care Licensure Playground Checklist

Center Name **Over the Rainbow Child Care Center** Inspection Date **7/8/2020**
 # 7049

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (8), pg 60)* In good repair, with no gaps? *(Rule 1.11.9 (8), pg 60)*
☑	☐	☐	2.	2 entrances/exits, with one being remote from the building? *(Rule 1.11.9 (8), pg 60)*
☑	☐	☐	3.	Is surfacing adequate? If not, <u>where is it inadequate</u>? *(CPSC, 2.4.2, pg 9-10 & 4.3)*
☑	☐	☐	4.	AC units, high-voltage cabling/wires inaccessible? *(Rule 1.11.9 (5), pg 59)*
☑	☐	☐	5.	No standing water present on playground or in/on playground equipment or walkways? *(CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)*
☑	☐	☐	6.	Toys & equipment in good repair? (none broken/deteriorating) *(Rule 1.10.2 (2), pg 46)*
☑	☐	☐	7.	Sidewalks provide smooth walking surface? (no trip hazards) *(CPSC 3.6, pg 16-17)*
☑	☐	☐	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 59)*
☑	☐	☐	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? *(CPSC 3.4, 3.5, pg 16)*
☑	☐	☐	10.	Are use zones adequate? If not, where are they inadequate? *(CPSC 5.3.9, pg 41)*
☐	☐	☑	11.	If swings are present, are S-hooks in good repair? If not, state deficiency _____ *(CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 37,*
☑	☐	☐	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ *(CPSC 5.3.6.4-5 pgs 34-*
☐	☐	☑	13.	Are spring rockers a minimum of 6 ft. apart? *(ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37*
☑	☐	☐	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate *(Rule 1.10.2, p. & CPSC 2.2.6, pg*
☑	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. _____ *(Rule 1.11.11 (1), p.*
☑	☐	☐	16.	Is adequate shade present on the playground? *(Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg*
☑	☐	☐	17.	Are concrete footings located at least 6" beneath the surface? *(Rule 1.10.2 (2), pg 46 CPSC 3.6, pg 16-17)*
☑	☐	☐	18.	Is wood smooth? Documentation provided that wood has been properly treated. *(C. 2.5.5, pg 15)*

Director **See the MSDH Renewal Letter** Licensing Official **[signature] CCFII**