



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County JacksonDate Nov. 3, 2020Facility Name Little Feet A.C.License Number 3989Purpose RenewalCapacity 100

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

| | In | Out | COS | N/A |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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. <u>0</u> | \$ _____ |
| 3. <u>1</u> | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |

| | Age/Child/Staff Name |
|----|------------------------------|
| 1. | <u>[Redacted] 15 4-5 yrs</u> |
| 2. | <u>[Redacted] 10 yrs</u> |
| 3. | <u>[Redacted] 13 yrs</u> |
| 4. | <u>[Redacted] 12 yrs</u> |
| 5. | <u>[Redacted] 8 yrs</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

| | In | Out | COS | N/A |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 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 _____) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual

Cindy Atwood

Child Care Representative

Anne Schell

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 Program Review - Employee Records & Children's Records

Facility Little Dot & Co License No. 3989 Total Children 150 Total Personnel 10 Date 11-3-20

| Employee's Name and Position | New Director's Orientation | | | | | | | | | | | | | | Comments |
|------------------------------|----------------------------|-------------------|----------------------------|-----------|-----|-------------------------|----------------|------------------|---------------------------------|--------------|--------------------|--------------------------|--|--|----------|
| | Regulations | Playground Safety | Application for Employment | First Aid | CPR | Tummy Safe/Food Manager | Qualifications | 15 Contact Hours | Date of Employment (Start Date) | Form No. 121 | Suitability Letter | New Employee Orientation | | | |
| Cindy Howard | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Marina Sullivan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Dennis Ogden | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Melba James | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Alvin Dyer - Sub | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |

| Child's Name | New Director's Orientation | | | | | | | | | | | | | | Comments |
|------------------|----------------------------|-------------------|----------------------------|-----------|-----|-------------------------|----------------|------------------|---------------------------------|--------------|--------------------|--------------------------|---------------------|--|----------|
| | Regulations | Playground Safety | Application for Employment | First Aid | CPR | Tummy Safe/Food Manager | Qualifications | 15 Contact Hours | Date of Employment (Start Date) | Form No. 121 | Suitability Letter | New Employee Orientation | | | |
| Boyle Anna | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Parents marked no * | | |
| Wile Barbara | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Marissa Buchanan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Harley Cain | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Charles Cohen | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |



Food Establishment Inspection Report

| | | | |
|---|------------------------------|--|----------------------------------|
| Establishment <i>Little Soul Learning Center</i> | | Time in <i>11:15</i> | |
| Address <i>1555 1st Street</i> | City/State <i>Jackson</i> | Zip <i>39201</i> | Telephone <i>601.228.3120</i> |
| License/Permit# | | Permit Holder <i>Anna G. Walker</i> | 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 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

Person in Charge (Signature)

Inspector (Signature)