



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Madison Date 8/28/2020

Facility Name Johnson's Nursery School/Daycare License Number 45CBPF-5530

Purpose Virtual Renewal Inspection Capacity 30

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.	3-4yrs / 6 / Caregiver #1, #2
2.	* 1 infant present (grandchild per facility owner.
3.	
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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
No equipment present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>4</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual Will sign the MSDH Acknowledgement letter

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

Child Care Representative YB CCFII

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 8/28/2020

Name Johnson's Nursery School/Daycare License No. 45 CB PF-5530
 Address 613 Coleman St. Canton, MS 39046
Center/Organization/Individual
 Purpose Virtual Renewal Inspection Director Laverne Jones, Adriann Pierce
 Mileage Start 1 Mileage End 1
 County Madison Telephone No. 601-859-8524
 Time In 9:00am Time Out 9:30am Total Time _____

Findings/Comments The purpose of this meeting is to conduct a virtual renewal inspection by Zoom. The facility owner, Laverne Jones and facility co-director, Adriann Pierce are present. The following observations were made:

- No critical violations regarding the facility building and grounds were observed.
- No critical violations regarding the facility Kitchen area were observed.
- Technical assistance was provided regarding the facility records checklist. All required postings were observed.
- Ms. Laverne Jones, owner has request that Adriann Pierce be added to the LARS contacts as a co-owner. See ~~written~~ written Statement.
- Renewal completions pending the receipt of the request documentation.
- All facility records are in compliance per the MSDH Records Checklist, per the facility director.

revocation of the license.

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.

Please review MSDH Renewal Letter
 Center Director/Designee/Individual

YH CCFII
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>613 Coleman St. Canton, MS 39046</u>	Date <u>8/28/2020</u>
	<u>Johnson's Nursery School / Daycare #5530</u>	

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations observed during the virtual inspection.

Letter grade "A" rec'd

<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 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	Environmentalism Code <u>TB, DS</u>
Please Remit within 10 days to:	

Adrianne Moore
Certified Manager

Timmy Sate
Licence Number
Exp. 1/29/2023

Facility Signature <u>Please see MSDH Acknowledgment Letter</u>
Environmentalism Signature <u>[Signature] CCFII</u>

White Copy - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalism



Food Establishment Inspection Report

Establishment Johnson's Nursery School/Daycare		Time in 9:00am	
Address 613 Coleman St.	City/State Canton, MS	Zip 39046	Telephone 601-856-8524
License/Permit# 45CBPF-5530		Permit Holder LaVerne Jones	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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygienic Practices		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
Preventing Contamination by Hands		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Protection from Contamination		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Potentially Hazardous Food (TCS food)		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		

Compliance Status	COS	R
Consumer Advisory		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Highly Susceptible Populations		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Chemical		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Conformance with Approved Procedures		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Other Critical Factors		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		

Date **8/28/2020**Person in Charge (Signature) **See MSOH Renewal letter**Inspector (Signature) **JTB m KCF II**

Letter grade "A" rec'd

Child Care Licensure Playground Checklist

Center Name Johnson's Nursey School / Daycare # 5530 Inspection Date 8/28/2020

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
Grass only - no playground ground equipment present
- ☒ ☐ ☐ 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 walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 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 5.3.9, pg 40)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg.
- ☐ ☐ ☒ 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, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg
Trs only
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPS 2.5.5)

Director See Facility MSDH Acknowledgement Letter

Licensing Official (Signature) CCFLU