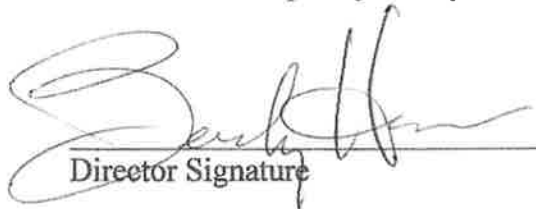


Please sign the acknowledgment below and send back to your licensing official.

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, Beverly Henson (name), serve in the capacity of owner, director, or director designee of Henson's Swim Gym (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are 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

8-18-2020

Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County LauderdaleDate 7-9-20Facility Name Henson's Swim Gym License Number 38CF PFA-1396Purpose _____ Capacity 175**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.	
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 GroundsWalls, 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 _____) ☐ ☐ ☐ ☒Center Director/Individual _____ Child Care Representative Mike Burns



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 7-9-20

Name <u>Henson's Swim Gym</u>	License No. <u>38CFPFA-1396</u>
Address <u>2727 State Blvd</u>	
Center/Organization/Individual	
Purpose _____	Director <u>Beverly Henson</u>
Mileage Start _____	Mileage End _____
County <u>Lauderdale</u>	Telephone No. <u>601-623-5110</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments No violations observed during this inspection. Great job!

Center Director/Designee/Individual

Mick Brown
 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Henson's Swim Gym License No. 1396 Date 7-9-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (<i>includes date of birth</i>) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (<i>includes date of birth & date of hire</i>) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (<i>proof of immunization as required, signed by veterinarian</i>) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations _____

☐ Pass –
License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within _____ days

☐ Director ☐ Designee

Mike Brun
Child Care Representative



A

Food Establishment Inspection Report

Establishment <u>Henson's Swim Gym</u>		Time in	
Address <u>2727 State Blvd</u>	City/State <u>Meriden MS</u>	Zip <u>39307</u>	Telephone <u>601-693-5110</u>
License/Permit# <u>1396</u>		Permit Holder <u>Barbara Henson</u>	Risk Level <u>II</u>

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		
Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Manager certification		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management awareness; policy present		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion		
Good Hygienic Practices		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O		
Hands clean and properly washed		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
No bare hand contact with ready-to-eat foods		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible		
Approved Source		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Food received at proper temperature		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, and unadulterated		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Required records available: shellstock tags, parasite destruction		
Protection from Contamination		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Food separated and protected		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper cooking time and temperatures		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper reheating procedures for hot holding		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper cooling time and temperature		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper hot holding temperatures		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Proper cold holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Proper date marking and disposition		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O		
Time as a public health control: procedure & records		

Compliance Status	COS	R
Consumer Advisory		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Pasteurized foods used; prohibited foods not offered		
Chemical		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Food additives: approved and properly used		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, used		
Conformance with Approved Procedures		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Compliance with variance, specialized process, and HACCP plan		
29 <input checked="" type="radio"/> IN <input type="radio"/> 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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Water and ice from approved source		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, and animals not present		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Hot and cold water available; adequate pressure		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Plumbing installed; proper backflow devices		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Sewage and waste water properly disposed		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toilet facilities: properly constructed, supplied		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Permit/Last inspection posted		

Date July 9, 2020

Person in Charge (Signature)

Inspector (Signature) Mike Buren

Child Care Licensure Playground Checklist

Center Name Henson's Swim Gym Inspection Date 7-9-20

YES NO N/A

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 2 entrances/exits, with one being remote from the building? (Rule 1119(8) pg 48) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg8) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | AC units, high-voltage cabling/wires inaccessible? (Rule 1119(5) pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5 pg 10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9 | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 32 pg13) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 536 4-5 pgs 34-35) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13 | Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1102, pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | Is playground area clean & free of hazards? If not, state deficiency (Rule 1111(1) pg 49) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | Is adequate shade present on the playground? (CPSC 211 pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | Is wood smooth? Documentation provided that wood has been properly treated (CPSC 255) |

Director _____

Licensing Official

Mil. Bunn