



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Savannah Date 5/17/18
 Facility Name Angels of mine License Number 2782
 Purpose initial Capacity 90

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approves

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 systems 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.	<u>NO Children Present</u>
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 checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual William Tate

Child Care Representative Mary Hampton
Paula Green



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4

Date 5/17/18

Name		License No.	
Address	Angel's of Mines Lillian Tate 190 Lehmborg Road Columbus, Ms 39702	Director	Lillian Tate
Mileage Start		Mileage End	
County	Lauderdale	Telephone No.	(602) 570-1712
Time In	9:30	Time Out	
		Total Time	

Findings/Comments upon arrival licenours met with director. there to conduct a initial inspection.

- * Check list will be Completed during final initial.
- * Kitchen is complete and received an A.
- * Playground was observed and bolts some bolts exceed two threads. Bubahaper U: Building and Grounds Rule 6.11.9 (5) The outdoor playground area shall be free of hazards and not less than 30 feet fencing twist wires and bolts shall face away from the playground. As an alternative, exposed bolt ends may be cut to no more than two exposed threads. Then the bolt ends shall be ground/sanded smooth @ Cappeel.

* Please view forms 280 142 for any auto and correct as needed for final initial.

The building was measured and the Capacity for today 90 with the limiting factor being the hand washing sinks. If one sink added capacity can go to 105 and if two added capacity can be 112. Director is self limiting for 60 at this time. The license fee for facility will be \$300 for 90 children. This will be paid at www.healthy.ms.gov.

Lillian Tate
Center Director/Designee/Individual

Mary Hampton
Child Care Representative
Arlene Jones

White Copy - Facility File
Yellow Copy - Operator



Permit Inspection Report

Angel's of Mines
Lillian Tate
190 Lehmborg Road
Columbus, Ms 39702

Time in

Zip

Telephone

(602) 570-1712

License/Permit#

Permit Holder

Lillian Tate

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

FOOD

PUBLIC HEALTH INTERVENTIONS

Risk Factors are... most commonly reported to the Centers for Disease Control and Prevention as contributing to foodborne illness outbreaks. Public health interventions are control measures to prevent the illness or injury.

Compliance Status		COS	R
Supervision			
1	IN OUT		
2	IN OUT N/A		
Employee			
3	IN OUT		
4	IN OUT		
Good Hygiene			
5	IN OUT N/O		
6	IN OUT N/O		
Preventing Contamination			
7	IN OUT N/O		
8	IN OUT N/A N/O		
9	IN OUT		
Approved			
10	IN OUT		
11	IN OUT N/A N/O		
12	IN OUT		
13	IN OUT N/A N/O		
Protection from			
14	IN OUT N/A		
15	IN OUT N/A		
16	IN OUT		
Food Safety			
17	IN OUT N/A N/O		
18	IN OUT N/A N/O		
19	IN OUT N/A N/O		
20	IN OUT N/A N/O		
21	IN OUT N/A		
22	IN OUT N/A N/O		
23	IN OUT N/A N/O		

Compliance Status		COS	R
Consumer Advisory			
24	IN OUT N/A		
Highly Susceptible Populations			
25	IN OUT		
Chemical			
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
29	IN OUT		
Critical Factors			
30	IN OUT		
31	IN OUT		
32	IN OUT N/A		
33	IN OUT N/A		
34	IN OUT N/A		
35	IN OUT		
36	IN OUT		

Person in Charge (Signature) *Lillian Tate*
 Inspector (Signature) *Mary Hampton*

(A)

Food Service Facility Inspection Results

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Angel's of Mines
 Lillian Tate
 190 Lehmborg Road
 Columbus, Ms 39702

PIMS ID

Date
 5/10/18

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

no
 violations
 observed per
 this site
 visit
 (A)

- 92020 Scheduled
- 92030 Followup
- 92040 Complaint
- 92050 Consultation
- 92070 Plan Review/Const.
- 92080 No Inspection
- 92090 Restaurant Training

- 92010 Permit No Charge
- 92015 Permit 1 \$30.00
- 92011 Permit 2 \$100.00
- 92012 Permit 3 \$150.00
- 92013 Permit 4 \$200.00

Permit Date

Environmental Code

MS 4

Please Remit within 10 days to:

Lillian Tate
 Certified Manager

Tummy Saye
 Licence Number

Facility Signature: Lillian Tate

Environmental Signature: Tummy Saye

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Angel's of mines Date 6/17/18
 Physical Address 190 Lehmborg Rd, Columbus MS 39702
 Operator Dillion Tate Daytime Telephone Number 662-570-1732
 Commercial Facility Occupied Residence 1979 Year Building was constructed
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms # of Rooms Used for Child Care 8
 Construction: Masonry Brick Frame Metal Other

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other <u> </u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other <u> </u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other <u> </u>
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations <u>(C)</u> . |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. <u>(1979) met</u> |

B. Kitchen/Food Preparation Area

In Out NA

- 1. Adequate refrigeration with thermometer.
- 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- 3. Approved stove hood, vented to outside per fire codes.
- 4. Separate freezer when 50+ children are served.
- 5. Approved dishwasher. _____
- 6. Three (3) compartment sink.
- 7. Food preparation sink.
- 8. Mop sink.
- 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- 1. Approved play area with fence.
- 2. All hazards including non-approved playground equipment removed.
- 3. Playground equipment approved before installation.
- 4. Playground completed before opening for business.
- 5. Safe arrival/departure areas.
- 6. Soil tested for lead.
- 7. Other Posts exceeding 2 thru 9 - Cut down or cap off protrusion hazard.

II. Furniture And Equipment

A. Furniture

In Out NA

- 1. Appropriate
- 2. Child size
- 3. Adequate number

B. Equipment

In Out NA

- 1. Approved location of laundry equipment
- 2. Recommended toys appropriate for ages of children are available.
- 3. Approved bedding - cribs cots pads
Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- Complies with local zoning, building and fire safety codes.

IV. Recommendations

William Tate
Operator/Center/Date

Mary Hampton
Licensing Officer
William Tate

ground Checklist



Angel's of Mines
Lillian Tate
Center Name 190 Lehmburg Road
Columbus, Ms 39702

Inspection Date 5/17/18

YES NO N/A

- 1. Playground fence less than 3 1/2" 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, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
No equipment present at this time.
- 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 14; 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 34-35)
- 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, pg 46 & CPSC 2.2.6, pg 6)
- 15. Is playground area clean & free of hazards? If not, state deficiency.
Review item # 8 - cut bolts down to 2 threads. Of cover protrusion hazard. Building providing shade. (Rule 1.11.11 (1), pg 61)
- 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- 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. (CPSC 2.5.5, pg 15)

Director Lillian Tate

Licensing Official Mary Hampton, HPSS mt

Pauline Zuercher