



MISSISSIPPI STATE DEPARTMENT OF HEALTH

June 26, 2020

Dear Child Care Provider:

Our nation and state are facing unprecedented times. Mississippi State Department of Health is mandated to carry out the duties, responsibilities, and functions of monitoring early child care and education programs even during a public health emergency.

Typically, conducting on-site inspections would be the best way to support child care programs in improving quality and practices, and to identify and prevent the occurrence of non-compliant conditions that would cause health and safety issues for the children that they serve. To minimize unnecessary contacts as a preventive measure of the spread of the virus to staff, children, and families, ***Child Care Licensure is temporarily implementing Virtual Renewal Inspections.***

Virtual inspection visits will begin June 26, 2020, and continue until all renewals missed between March 1, 2020, and June 30, 2020, have been completed in the state of Mississippi. To initiate this process, licensing officials will begin communicating with providers to provide information regarding documents that will need to be reviewed, documents that need to be submitted, and to schedule a zoom meeting and answer any questions or concerns providers may have.

Once your virtual renewal inspection is complete, you will sign and send back the attached acknowledgment form certifying that you completed your virtual inspection to the best of your ability.

We thank you for your cooperation as we navigate through this global health emergency and appreciate all that you are doing to serve and keep Mississippi's children safe during this time!

Stay safe and well,

Tabitha Bynum, Interim Director  
Bureau of Child Care Facilities Licensure

CC: Licensure

**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, Helen Mickey (name), serve in the capacity of owner, director, or director designee of DeKalb (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and 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.

Helen Mickey and In Charge  
Director Signature

10/20/20  
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County DeKalbDate 10-20-20Facility Name DeKalb CenterLicense Number 3764Purpose Renewal

Capacity \_\_\_\_\_

**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	<input 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 type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sanitation Approved**

Garbage and garbage bins maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building and Grounds**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 \_\_\_\_\_) ☐ ☐ ☐ ☐

Center Director/Individual \_\_\_\_\_

Child Care Representative Michele Brown



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 6Date 10-20-20

Name <u>DeKalb Head Start Center</u>	License No. <u>35 CFIF HE-3764</u>
Address <u>21 willow Ave. DeKalb ms 39328</u>	
Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Debra Spencer</u>
Mileage Start _____	Mileage End _____
County <u>DeKalb Center</u>	Telephone No. <u>601-743-2607</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments No violation observed during this inspection.

Center Director/Designee/Individual

  
Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name De Kalb Center License No. 3764 Date 10-20-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policies and procedures (<i>Parent's Handbook</i>)</b> {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 &amp; 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"/>	<b>Medication record with date, time, signature for 90 days</b> {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"/>	<b>Personnel records (<i>attach employee's records form</i>)</b> {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"/>	<b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Communicable diseases reported as required</b> {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"/>	<b>Staff present who hold valid CPR and First Aid Certification</b> {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"/>	<b>Appropriate discipline policy followed</b> {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appropriate transportation policy followed</b> {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

M. J. Buren  
 Child Care Representative





## Food Establishment Inspection Report

Establishment <b>DeKalb Center</b>		Time in	
Address <b>21 Willow Ave</b>	City/State <b>DeKalb MS</b>	Zip <b>39328</b>	Telephone <b>601-743-2607</b>
License/Permit# <b>3764</b>		Permit Holder <b>Debra Spencer</b>	Risk Level <b>II</b>

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
<b>Supervision</b>			
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		
<b>Employee Health</b>			
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		
<b>Good Hygienic Practices</b>			
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		
<b>Preventing Contamination by Hands</b>			
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		
<b>Approved Source</b>			
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		
<b>Protection from Contamination</b>			
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		
<b>Potentially Hazardous Food (TCS food)</b>			
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
<b>Consumer Advisory</b>			
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>			
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		
<b>Conformance with Approved Procedures</b>			
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		
<b>Other Critical Factors</b>			
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 **10-20-20**

Person in Charge (Signature) \_\_\_\_\_

Inspector (Signature) **Mike Brown**

Center Name Dekalb Inspection Date 10-20-20

- | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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<br>(CPSC 32 pg 13)  |
| <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<br>(CPSC 536 4-5 pgs 34-35)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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<br>(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<br>(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 Mie. Brun