



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1

KID WORLD

Date 12/21/2018

Name _____

164 HWY 51 SOUTH

Address _____

BATESVILLE MS 38606

DIRECTOR: SHELIA CRUTCHER

PANOLA

Purpose Initial

Director _____

Mileage Start _____

Mileage End _____

County PanolaTelephone No. (662) 563-0082Time In 9:00 AMTime Out 10:40

Total Time _____

Findings/Comments

Here for initial inspection the
licensing official met with Shelia Crutcher

Child Care Facility Data Sheet complete.

Please complete All "Out" before open.

Will follow-up on playground.

Please submit zone and fire survey.

Shelia Crutcher
Center Director/Designee/Individual

Adanna Shoggy
Child Care Representative
Tamara Crutcher

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name	KID WORLD 164 HWY 51 SOUTH BATESVILLE MS 38606	Date <u>12/21/2018</u>
Physical Address	DIRECTOR: SHELIA CRUTCHER PANOLA	
Operator	Daytime Telephone Number	
<input checked="" type="checkbox"/> Commercial Facility <input type="checkbox"/> Occupied Residence Year Building was constructed		
Total # of Floors <u>1</u> # of Floors Used for Child Care <u>1</u> # of Rooms <u> </u> # of Rooms Used for Child Care <u>6</u>		
Construction: Masonry <u> </u> Brick <input checked="" type="checkbox"/> Frame <u> </u> Metal <u> </u> Other <u> </u>		

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <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"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" 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> </u> . |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

12/21/2018

B. Kitchen/Food Preparation Area (continued)

- | Yes | No | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Install approved stove hood, vented to outside per fire codes. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Install separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Install approved dishwasher. _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Install three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Install food preparation sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Install mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Install handwashing sink. Note – All sinks must have hot and cold water. |

C. Grounds

- | Yes | No | NA | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Install an approved play area with fence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Remove all hazards including non-approved playground equipment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment must be approved before installation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Playground must be completed before opening for business. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil must be tested for lead. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other _____ |

II. Furniture And Equipment

A. Furniture

- | Yes | No | NA | |
|--------------------------|-------------------------------------|-------------------------------------|--------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Adequate number |

B. Furniture

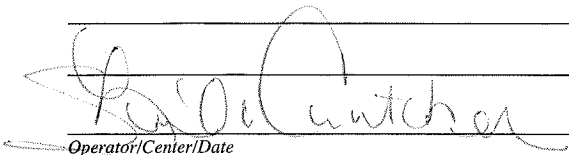
- | Yes | No | NA | |
|--------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding – <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

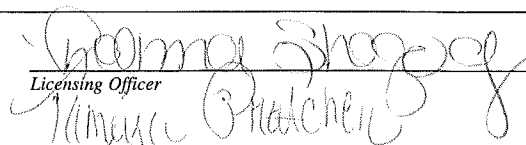
Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- | Yes | No | NA | |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Comply with local zoning, building and fire safety codes. |

IV. Recommendations


Operator/Center/Date


Licensing Officer
Shelia Crutcher



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 02/03/2019Name Kids World Day Care License No. Pending

Address _____

Center/Organization/Individual

Purpose Final Inspection Director Sheila Crutcher

Mileage Start _____ Mileage End _____

County Panola Telephone No. (662) 563-0082Time In 2:03 Time Out 3:45 Total Time _____

Findings/Comments Here for a final inspection. The licensing official met with Sheila Crutcher, owner.

Form-286- In compliance with Regulations.
All out has been correction.

Form-281, 328 and playground checklist- compliance.

Kitchen received letter grade "A"

License fee will be \$300.00. please pay by Monday online.

Facility will receive license and food permit by Monday morning.

Jessica Rical
 Center Director/Designee/Individual

Sheila Crutcher
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



Food Establishment Inspection Report

Establishment <i>Kids World Way Out Center</i>			Time in	
Address <i>164 Highway 51 South</i>		City/State <i>Robinson MS</i>		Telephone <i>662-563-0082</i>
License/Permit#			Permit Holder	
			Risk Level <i>2</i>	

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 *02/03/2019*

Person in Charge (Signature) *Shirley Crutcher*

Inspector (Signature) *Kelma Shoopcy*

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Kids World Day Care</u>	Date <u>02/03/2019</u>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations during today inspection

"A"

<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 checked="" 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	Environmental Code <u>ITS</u>
Please Remit within 10 days to:	

Shelia Anderson 711-111-8160
 Certified Manager Licence Number

Facility Signature <u>Shelia Anderson</u>
Environmental Signature <u>Theresa Sheppard</u>

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

Playground Checklist

Center Name Kids World Daycare Center License # Pending

YES

NO

*correction
2/23/2018*

- X 1. Playground fence less than 3½" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- X 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- N/A 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
-
- X 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- X 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- X 6. Toys & equipment in good repair? (None broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- X 7. Sidewalks provide smooth walking surface? (No trip hazards) (CPSC 3.6, pg 15)
- X 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)
- X 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- X 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
-
- N/A 11. If swings are present, are S-hooks in good repair? If not, state deficiency

(CPSC 3.2, pg13)
- N/A 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency

(CPSC 5.3.6.4-5 pgs 34-35)
- N/A 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- X 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate

(Rule 1.10.2, pg 36)
- X 15. Is playground area clean & free of hazards? If not, state deficiency.

(Rule 1.11.11 (1), pg 49)
- X 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- X 17. Are concrete footings located a minimum of 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- X 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director [Signature] Licensing Official [Signature] Date 02/03/2019



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Panola</u>	Date <u>02/03/2019</u>
Facility Name <u>Girls World Day Care</u>	License Number <u>Pending</u>
Purpose <u>Final Inspection</u>	Capacity <u>40</u>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
License/complaint visible	<input 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 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 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 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 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 <u>fence in good repair</u>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative