



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**County lowndesDate 10-22-20Facility Name ABC & MELicense Number #7513Purpose Program renewal

Capacity \_\_\_\_\_

**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 checked="" 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 checked="" 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Child Care Representative Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 4

Date \_\_\_\_\_

Name	<u>ABC &amp; ME</u>	License No.	<u>#7513</u>
Address	<u>3236 New Hope Road, Columbus Ms 39702</u>		
	<i>Center/Organization/Individual</i>		
Purpose	<u>Program Renewal</u>	Director	<u>Tracey Powers</u>
Mileage Start		Mileage End	
County	<u>lowndes</u>	Telephone No.	
Time In	<u>9:30</u>	Time Out	
		Total Time	

## Findings/Comments

Upon arrival licensure met with the director.  
 Here to complete a program renewal.  
 All documents received for virtual inspection has been  
 approved.

All documents needed to complete the renewal process.

Kitchen received an A. Playground has no violations for  
 this site visit.

Class I and II violations may result in a monetary penalty.  
 Repeated violations may result in the doubling of the penalty,  
 suspension or revocation of the license.

Center Director/Designee/Individual

Mary Hampton  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date \_\_\_\_\_

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

Handwritten notes and signatures in the encounter table area.

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 ABC & ME License No. #7513 Date 10-22-20

- |     | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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

*Mary Hampton*  
Child Care Representative





## Food Establishment Inspection Report

Establishment ABC & ME		Time in 9:30	
Address 3236 New Hope Road	City/State Columbus Ms 39702	Zip	Telephone
License/Permit#		Permit Holder Tracey Powers	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
<b>Supervision</b>		
1 <del>OUT</del>		
Person in charge present, demonstrates knowledge, and performs duties		
2 <del>OUT</del> N/A		
Manager certification		
<b>Employee Health</b>		
3 <del>OUT</del>		
Management awareness; policy present		
4 <del>OUT</del>		
Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>		
5 IN OUT <del>NO</del>		
Proper eating, tasting, drinking, or tobacco use		
6 IN OUT <del>NO</del>		
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
7 IN OUT <del>NO</del>		
Hands clean and properly washed		
8 IN OUT N/A <del>NO</del>		
No bare hand contact with ready-to-eat foods		
9 <del>OUT</del>		
Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>		
10 <del>OUT</del>		
Food obtained from approved source		
11 IN OUT N/A <del>NO</del>		
Food received at proper temperature		
12 <del>OUT</del>		
Food in good condition, safe, and unadulterated		
13 IN OUT N/A <del>NO</del>		
Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>		
14 <del>OUT</del> N/A		
Food separated and protected		
15 <del>OUT</del> N/A		
Food - contact surfaces: cleaned & sanitized		
<b>Potentially Hazardous Food (TCS food)</b>		
17 IN OUT N/A <del>NO</del>		
Proper cooking time and temperatures		
18 IN OUT <del>NO</del> 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 <del>NO</del>		
Proper hot holding temperatures		
21 <del>OUT</del> N/A		
Proper cold holding temperatures		
22 <del>OUT</del> N/A N/O		
Proper date marking and disposition		
23 <del>OUT</del> N/A N/O		
Time as a public health control: procedure & records		

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 <del>OUT</del> N/A		
Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
25 <del>OUT</del> N/A		
Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>		
26 <del>OUT</del> N/A		
Food additives: approved and properly used		
27 IN OUT		
Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>		
28 IN OUT N/A <del>NO</del>		
Compliance with variance, specialized process, and HACCP plan		
29 IN OUT N/A <del>NO</del>		
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 <del>OUT</del>		
Water and ice from approved source		
31 <del>OUT</del>		
Insects, rodents, and animals not present		
32 <del>OUT</del> N/A		
Hot and cold water available; adequate pressure		
33 <del>OUT</del> N/A		
Plumbing installed; proper backflow devices		
34 <del>OUT</del> N/A		
Sewage and waste water properly disposed		
35 IN OUT		
Toilet facilities: properly constructed, supplied		
36 <del>OUT</del> N/A		
Permit/Last inspection posted		

Date 10-22-20

Person in Charge (Signature)

Inspector (Signature)

Mary Hampton

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <b>ABC &amp; ME</b> 3236 New Hope Road, Columbus Ms 39702	Date 10-22-20
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## CRITICAL VIOLATIONS

No Violations during  
this site visit

A

## CORRECTION PLAN AND SCHEDULE

<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	Environmentalism Code <b>MH4</b>
Please Remit within 10 days to:	

Tracey Powers  
Certified Manager

Tummy Safe  
Licence Number

Facility Signature
Environmentalism Signature <i>Mary Hampton</i>

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



# Child Care Licensure Playground Checklist

Center Name X ABC & ME

Inspection Date 10-22-20

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)
- ☐ ☐ ☒ 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.  
(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 \_\_\_\_\_ Licensing Official \_\_\_\_\_

*Mary Hampton*

# DISTRICT IV CHILD CARE WORKSHEET

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CHILDREN WITH NO 121 (may not return until valid 121 on file at facility)	CHILDREN WITH SHOTS DUE (updated 121 due within 14 days)
STAFF WITH NO 121 (may not return until valid 121 on file at facility)	STAFF WITH SHOTS DUE (updated 121 due within 14 days)
STAFF WITH NO LETTER OF SUITABILITY (LOS)	<i>** Staff without a valid LOS on file may not be left alone with children! **</i>

PLEASE SEND A COPY OF 121'S WITH IN 14 WORKING DAYS OF THIS INSPECTION DATE (Date listed at the top of form)

PLEASE SEND A COPY OF LETTER OF SUITABILITY WITHIN 60 WORKING DAYS OF THIS INSPECTION DATE (Date listed at the top of form)

CHILD CARE DIRECTOR: \_\_\_\_\_

CHILD CARE REPRESENTATIVE: \_\_\_\_\_