

# MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Lowndes		Date_ 9-16-20				
Facility Name Sal's Child care	e and Learning Ce	nter License Number#	7510			
Purpose Program renewa	al Ca	apacity				
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	<b>In</b>	Out	cos	<b>N/A</b>
Room and playground capacity met Center capacity met License/complaint visible Certified food manager		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	X			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning Waste water system approved and functioning	X	Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, and functioning	XXXXX			
Food service approved  Possible Monetary Penalty	Monetary Penalty	Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to	X			
1	\$ \$	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				×
Age/Child/Staff	\$	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	×			
2.		First aid kits stocked and easily access				
		Playground area clean, shaded, well drained and equipped and fence in goo repair				
		Playground equipment meets standard	s $\square$			×
		Pool area clean, fenced, and adequated maintained	y _			×
		Diaper changing stations adequate in number and each fully supplied (number)	¥	3 [	] [	
enter Director/Individual		Child Care Representative	Mi	ary	Ha	mpto

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Mississippi State Department of Health

12-10-08

Form No. 281



	1	Cillia C	are Line	unter			
District_	4	_				Date	9-16-20
Name	Sal's Child care ar	nd Learning	Center Li	cense No	#7510		
Address_	109 Gardner BLVI						
		Center/Or	rganization/Indiv	idual			
Purpose_	Program renewa		Director_	Sallie	Steven	son	
Mileage	Start		_ Mileage End				
County_			_ Telephone No	0			
Time In_		Time Out		Tot	al Time		
Findings	/Comments						
	Upon arrival licensu	ure met with	the direct	or. Her	e to com	plete a	
	program renewal.						
	All documents rece	ived for rene	ewal proce	ess are	approve	d.	
	Domaining rangual	information	nooded w	vill bo o	ont to lie	0001110	
	Remaining renewal						
	via email or droppe	d on at the t	Lowndes	Journey	пеашть	л <del>еранні</del>	ent.
	Kitchen received ar	1 A.					
	Playground had no	violations for	or virtual ir	rspection	on.		
							7
	Class I and II violat						
	violations could res	ult in the do	ubling of t	he pena	alty, sus	pension	or

Mary Hampton

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revocation of the license

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Facility Name	License No	
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
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	<u> </u>	
		·
enter Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator



Child Care Program Review
Sal's Child care and Learning Center #7510

Facility N	ame	<u> </u>	License No. #7510 Date 9-16-20
Yes	No	N/A	
1.			Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2. 💢			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.			Approved arrival and departure procedures {Rule 1.4.1 (2)}
4. 🔀			Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5. 🗋		Q	Attendance records for children and staff {Rule 1.6.3 (1)}
6. 🗖			Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7. <b>X</b>		<u>a</u>	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8. 🕱			Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9. 🗖		×	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10. 🛛			Immunization Records for Children and Staff (Rule 1.6.3 (8))
11. 🔀			Personnel records (attach employee's records form) {Rule 1.6.4}
12. 🗋		X	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13. 🔯			Children records (attach children's records form) {Rule 1.6.7}
14. 🗖		<b>X</b>	Reports of serious occurences made as required {Rule 1.7.1}
15. 🗖		X	Communicable diseases reported as required {Rule 1.7.3}
16. 🗖		X	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.)		à	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18. □×			Age appropriate program of activities posted in each room {Subchapter 9}
19. 🗶			Required toys present in infant room {Rule 1.10.1 (2)}
20. 🖳			Required toys present in toddler room {Rule 1.10.1 (3)}
21.			Required toys present preschool room {Rule 1.10.1 (4)}
22. 📡			Licensed pest control contractor {Rule 1.11.14}
23. 🗀	Q/		Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24. 🔀			Appropriate discipline policy followed {Subchapter 14}
25.			
26. 🔾			Infant feeding schedules posted (Appendix C, VII)
^			
Com	nent	s/Re	commendations
i⊃K Pas	es —		
1000000		to he	issued: ⊋Regular □ Probational □ Restricted
☐ Fai		10 00	X-1.5-1.
The second secon		un wit	thin daysMary Hampton
L FO	IOW-	up wit	Director Designee Child Care Representative
1		No. or	



#### Corrective Action Required: Yes No Corrections required by (Date) \_\_\_\_\_

Food E	Establishment Insp	ecti	on R	eport	il session ne
Establishment Sal's Child care and Learning Ce	enteron notation		Time in	· Improvipienė	Stoler series
Address 109 Gardner BLVD,	City/State Columbus Ms 39702	Zip	ing, the	Telephone	miself says on
License/Permit#	130-4 (A., 7-100-4		nit Holde Sallie	r Stevenson	Risk Level 2
Circle designated compliance status (IN, OUT, N/O, N// IN = in compliance OUT = not in compliance N/O = not of		En.	COS = co	Mark "X" in appropriate box to corrected on-site during inspection	or COS and R 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.

1	Compliance Statu	The state of the s	cos	R
1	Computance State	Supervision	203	1,
١.	IN OUR		- NOO-E	
1	W OUT	Person in charge present, demonstrates knowledge, and performs duties		2.10
2	NOUT N/A	Manager certification	100	-
		Employee Health	Visal	603
3	W OUT	Management awareness; policy present	Zee a	
4	INOUT	Proper use of reporting, restriction & exclusion	7,37-5,3	
Ì		Good Hygienic Practices	7-102	_
5	IN OUT N/OX	Proper eating, tasting, drinking, or tobacco use	ra-i	L
6	IN OUT NO	No discharge from eyes, nose, and mouth	205 T	
	. [s/s	Preventing Contamination by Hands	7-202	
7	IN OUT NO	Hands clean and properly washed	7.204	
8	IN OUT N/A NO	No bare hand contact with ready-to-eat foods	7-204	
9	NOUT	Adequate handwashing facilities supplied & accessible	7.305	
		Approved Source	7-208	
10	I)XOUT	Food obtained from approved source	ACTION TO	
11		Food received at proper temperature	7-207	162761
12	X OUT	Food in good condition, safe, and unadulterated	706-7	
13	IN OUT N/A N/Q	Required records available: shellstock tags, parasite destruction	7-20s	
		Protection from Contamination	mam	où.
14	IN OUT N/A	Food separated and protected	3-502	
15	NOUT N/A	Food - contact surfaces: cleaned & sanitized	3-404	
	ngirt	DAM BING BOTT OF THE BEAT OF THE BOTTON	601-8	
ų				
16	Жоит	Proper disposition of returned, previously served, reconditioned, and unsafe food		
		Potentially Hazardous Food (TCS food)		
17	IN OUT N/A XO	Proper cooking time and temperatures	to the desired	
18	IN OUT N/A N/O	Proper reheating procedures for hot holding		
9	IN OUT N/A N/O	Proper cooling time and temperature		Participan
20	IN OUT N/A N/O	Proper hot holding temperatures		
21	IN OUT N/A	Proper cold holding temperatures		
-	INOUT N/A N/O	Proper date marking and disposition	-	
3	OUT N/A N/O	Time as a public health control: procedure & records	-	

	Compliance Status			COS	R
		al-of-	Consumer Advisory	10.0	_
24	MOUT	N/A	Consumer advisory provided for raw or undercooked foods		
			Highly Susceptible Populations	D94040	Q.B
25	<b>X</b> OUT	N/A	Pasteurized foods used; prohibited foods not offered		31
1			Chemical	ye e	
26	I)XOUT	N/A	Food additives: approved and properly used	10 10	
27	NOUT		Toxic substances properly identified, stored, used	1	
	The same		Conformance with Approved Procedures	11-6 4-15	
28	IN OUT	NA	Compliance with variance, specialized process, and HACCP plan	3.20 3.40	
29	INOUT	136	Risk control plan as required	100	11.
	-		Other Critical Factors		
		140	ntative measures to control the introduction logens, chemicals and physical objects ods.	10 47 12 10 14 40 14 40	11
30	)X(OUT		Water and ice from approved source		5.2
31	NX OUT	SHOOTS.	Insects, rodents, and animals not present	18.E	
32	IXOUT	N/A	Hot and cold water available; adequate pressure	100	
33	TNO KIT	N/A	Plumbing installed; proper backflow devices		
34	INOUT	N/A	Sewage and waste water properly disposed		
35	INOUT		Toilet facilities: properly constructed, supplied		
36	TUO DK	N/A	Permit/Last inspection posted		

Date	9-16-20 pni/sequal pni/sequal smatter
	n Charge (Signature)
Inspecto	or (Signature) Mary Hampton

COC D

### **Food Service Facility Inspection Results**

PIMS ID	Facility Name, Address Sal's Child care and Learning Center	Date
	Sai's Unild care and Learning Center	9-16-20
	109 Gardner BLVD, Columbus Ms 39702	0 10 20

CRITICAL VIO	LATIONS	CORRECTION PLAN AND SCHEDULE	
No Violations during this site visit	g		
A			
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint	★92010 Permit No Charge	Sallie Stevenson Certified Manager  Tummy Licence Number	<u>/ Saf</u> e
☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training	92012 Permit 3 \$150.00 92013 Permit 4 \$200.00	Facility Signature	
Please Remit within 10 days to:	Environmentalist Code MH4	Environmentalist Signature Wary Hamps White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	ton

## **Child Care Licensure Playground Checklist**

Center Name			Sal's	Child care and Learning Center Inspection Date 9-11-20	
YES	NO	N/A			
×			1.	Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)	
$\boxtimes$			2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)	
		X	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)	
<b></b>	□ <sup>'</sup>	, <sub>□</sub>	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)	
		冶	7.	Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)	
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 59)	
ФX			9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)	
		X	10.	Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)	
		<b>X</b>	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)	
		ıX	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)	
\ <b>r</b>			15	Is playground area clean & free of hazards? If not, state deficiency.	
X			15.	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)	
$\Box$ X			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)	
Direc	tor			Licensing Official Mary Hampton	

#### DISTRICT IV CHILD CARE WURKSHEET

DATE:	FACILITY:
CHILDREN WITH NO 121 (may not	CHILDREN WITH SHOTS DUF
return until valid 121 on file at facility)	(updated 121 due within 14 days)
N .	
`	
STAFF WITH NO 121 (may not return	STAFF WITH SHOTS DUE (updated 121
until valid 121 on file at facility)	due within 14 days)
STAFF WITH NO LETTER OF	** Staff without a valid LOS on file may not
SUITABILITY (LOS)	be left alone with children! **
PLEASE SEND A COPY OF 121'S WIT	U IN 14 WORKING DAVS OF THIS
INSPECTION DATE (Date listed at the	
( - 110 10 10 10 10 10 10 10 10 10 10 10 10	, , , , , , , , , , , , , , , , , , ,
PLEASE SEND A COPY OF LETTER C DAYS OF THIS INSPECTION DATE (D.	
CHILD CARE DIRECTOR	
CHILD CARE REPRESENTATIVE	