



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Jackson</u>	Date <u>July 16, 2020</u>
Facility Name <u>The Learning Depot</u>	License Number <u>1173</u>
Purpose <u>Renewal</u>	Capacity <u>39</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 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 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. _____	\$ _____

	Name
1. _____	<u>2 yrs</u>
2. _____	<u>3 -</u>
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"/>
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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"/>
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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"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Virtual Inspection Child Care Representative Anna A. Walter



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9Date July 16, 2020

Name <u>The Learning Depot</u>	License No. <u>1173</u>
Address <u>2574 Government St Ocean Springs 39564</u> Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Karla Owens</u>
Mileage Start _____	Mileage End _____
County <u>Jackson</u>	Telephone No. <u>228 - 875 - 1804</u>
Time In <u>10:30 Sched.</u>	Time Out _____ Total Time _____

Findings/Comments

A virtual inspection was conducted
For Renewal - Fire Form # 333
Renewal check sheet

Virtual Inspection
 Center Director/Designee/Individual

Anna J. Williams
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name The Learn Report License No. 1173 Date 7-16-20

	Yes	No	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personnel records (attach employee's records form) {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Staff present who hold valid CPR and First Aid Certification {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Infant feeding schedules posted (Appendix C, VII)

Comments/Recommendations

☒ Pass –License to be issued: ☐ Regular ☐ Probational ☐ Restricted☐ Fail☐ Follow-up within _____ days☐ Director ☐ DesigneeVirtual Inspection
Anna P. Walker
 Child Care Representative



Food Establishment Inspection Report

Establishment

The Learning Depot

Time in

10:30

Address

2594 Movement St.

City/State

Ocean Springs

Zip

3956

Telephone

228-875-1804

License/Permit#

1173

Permit Holder

Karla Owens

Risk Level

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/A		
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

July 26, 2020

Person in Charge (Signature)

Virtual Inspection

Inspector (Signature)

Ann Walker

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, Karla Owens (name), serve in the capacity of owner, director, or director designee of The Learning Depot (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.

Karla Owens
Director Signature

July 22-20
Date of Signature