



MISSISSIPPI STATE DEPARTMENT OF HEALTH

y Inspection

The Kids' World Center
45CBPFA-6538
470 Mannsdale Rd
Madison, MS 39110
601-421-5391

Date 10/17/2019License Number 45CBPFA-6538

Count

Facili

Purpose Mid year / Technical Asst.Capacity 35**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

	In	Out	COS	N/A
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. <u>Supervisory review</u>	\$ _____
2. <u>required</u>	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

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

	In	Out	COS	N/A
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 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 <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Age/Child/Staff Name
1.	<u>4 yrs / 14 / Caregiver #1</u>
2.	<u>Infants / 6 / Caregiver #2</u>
3.	<u>Toddlers / 9 / Caregiver-Director #3</u>
4.	
5.	<u>* Please note additional staff (2) arrived</u>
6.	<u>at 9:50 and 9:55 for COS in Infant</u>
7.	<u>room.</u>

Center Director/Individual

Child Care Representative

White Copy - Facility File
Mississippi State Department of Health

Yellow Copy - Facility Operator

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 10/17/2019

District 5

Nam The Kids' World Center
45CBPFA-6538
Addr 470 Mannsdale Rd
Madison, MS 39110
Purp 601-421-5391

License No. 45CBPFA-7346 6538

ization/Individual
Director Tomas Sanchez, Elena J. Akin

Mileage Start _____ Mileage End _____

County Madison Telephone No. 601-421-5391 / 601-856-5637

Time In 9:28am Time Out 11:02am Total Time _____

Findings/Comments Upon arrival, MSDH licensing official Tonya Brygger met with Tomas Sanchez, Owner/Director #1. The purpose of the visit, to conduct a midyear inspection, was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds. Per Owner/Director #1, Building #2 is utilized for drop-in preschool children. No children were present in Building 2 at the time of inspection.
- No critical violations were observed regarding the facility kitchen/meal prep area.
- Staff records: All observed staff records, including FBI LOS and Form 121's, were compliant with MSDH regulatory guidelines.
- Children's records: The facility will have 14 days to provide verification of a valid Form 121 for one (1) staff.
- A green survey card and MSDH contact Card was provided to Owner/Director #1.
- * Technical assistance provided, as needed.

- The Owner/Director #1 has requested information regarding the Early Childhood Academics. The Contact information will be emailed to the address in LARS.

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

Tomas Sanchez
Center Director/Designer/Individual

CCF III
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Care Encounter
(Continuation)

License No. 45CBPFA-7346 6538

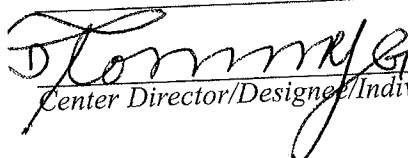
Facility Name _____

Observed Deficiencies:

Subchapter 8: Staffing
Rule 1.8.1(1), states, "The staff-to-child ratio shall be maintained at all times, to include when children are arriving and departing the facility."

Findings: Based on observations made during a tour of the facility, MSDH LO observed one(1) staff in the room with six(6) children in the Infant room. Per Owner/Director #1, there are normally two staff in the infant room, but the second staff was running late.

Please note, two additional staff arrived at approx. 9:50 and 9:55pm. MSDH LO observed two staff assigned to the infant room. COS documented.


Center Director/Designer/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Child Care Licensure Playground Checklist

Center Name _____ Inspection Date 10/19/2019

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, 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 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 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 fence 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 5.3.9, pg 41)
- ☒ ☐ ☐ 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 3.2.5.2, pg 1 & 5.3.8.1, pg 5)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pg 5)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 5)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.11.9 (8), pg 60 & CPSC 2.2.5.5, pg 15)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.2.5.5, pg 15)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated? (Rule 1.11.11 (4), pg 61)

Director

Licensing Official

Food Service Facility Inspection Results

The Kids' World Center
45CBPFA-6538
470 Mannsdale Rd
Madison, MS 39110
601-421-5391

Date

6/13/2014

PIMS ID

Facility Name

CRITICAL VIOLATION:

No critical violations were observed during this inspection.

Letter grade "A" rec'd

AND SCHEDULE

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

10.05

Please Remit within 10 days to:

Tommy Sanchez

Certified Manager

Tommy Sale

Licence Number

Exp. 6/13/2023

Facility Signature

Environmental Signature

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



Environment Inspection Report

The Kids' World Center
45CBPFA-6538
470 Mannsdale Rd
Madison, MS 39110
601-421-5391Time in
9:40 amZip
39110Telephone
601-421-5391Permit Holder
Tommie SandersRisk Level
L

License/Permit#

45CBPFA-15TB 6538

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 applicableMark "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
10/17/10Person in Charge (Signature)
Tommie SandersInspector (Signature)
Lester grade "H" med

Food Service Facility Inspection Results

The Kids' World Center
45CBPFA-6538
470 Mannsdale Rd
Madison, MS 39110
601-421-5391

PIMS ID	Facility N
---------	------------

Date

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>No critical violations were observed during this inspection.</p> <p>Letter grade "A" and</p>	
---	--

- | | |
|---|--|
| <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
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<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
-------------	--------------------

Please Remit within 10 days to:

Tracy S. Baker
Certified Manager

Tracy S. Baker
Licence Number

Exp. 6/13/2023

Facility Signature	<u>Tracy S. Baker</u>
Environmental Signature	<u>(Signature)</u>

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