



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4Date 07/16/20

Name <u>ABC & ME</u>	License No. <u>#7513</u>
Address <u>3236 New Hope Road, Columbus Ms 39702</u>	
Center/Organization/Individual	
Purpose <u>Program Renewal</u>	Director <u>Tracey Powers</u>
Mileage Start	Mileage End
County <u>Lowndes</u>	Telephone No. <u>(662)329-4789</u>
Time In	Time Out
Total Time	

Findings/Comments

Upon arrival licensure met with director. Here to complete a program renewal.

All facilities files previous viewed are in compliance for this virtual visit.

All documentation recieved to complete the renewal process.

Kitchen recieved an A.

Playground is in compliance is in compliance for this site visit.

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

Center Director/Designee/Individual

Mary Hampton
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Child Care Encounter (Continuation)

Facility Name _____ License No. _____

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 07-16-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {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 & 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {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"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communicable diseases reported as required {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"/>	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 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 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"/>	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 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



Corrective Action Required: Yes **No**
 Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment ABC & ME		Time in	
Address 3236 New Hope Road,	City/State Columbus MS	Zip 39702	Telephone (662)329-4789
License/Permit#		Permit Holder	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
Supervision			
1	<input checked="" type="checkbox"/> OUT		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="checkbox"/> OUT N/A		
Manager certification			
Employee Health			
3	<input checked="" type="checkbox"/> OUT		
Management awareness; policy present			
4	<input checked="" type="checkbox"/> OUT		
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
5	IN OUT <input checked="" type="checkbox"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
6	IN OUT <input checked="" type="checkbox"/> N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
7	IN OUT <input checked="" type="checkbox"/> N/O		
Hands clean and properly washed			
8	IN OUT N/A <input checked="" type="checkbox"/> N/O		
No bare hand contact with ready-to-eat foods			
9	<input checked="" type="checkbox"/> OUT		
Adequate handwashing facilities supplied & accessible			
Approved Source			
10	<input checked="" type="checkbox"/> OUT		
Food obtained from approved source			
11	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Food received at proper temperature			
12	<input checked="" type="checkbox"/> OUT		
Food in good condition, safe, and unadulterated			
13	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
14	<input checked="" type="checkbox"/> OUT N/A		
Food separated and protected			
15	IN OUT N/A		
Food - contact surfaces: cleaned & sanitized			
16	<input checked="" type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Potentially Hazardous Food (TCS food)			
17	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time and temperatures			
18	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
19	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperature			
20	IN OUT N/A <input checked="" type="checkbox"/> N/O		
Proper hot holding temperatures			
21	<input checked="" type="checkbox"/> OUT N/A		
Proper cold holding temperatures			
22	<input checked="" type="checkbox"/> OUT N/A N/O		
Proper date marking and disposition			
23	<input checked="" type="checkbox"/> OUT N/A N/O		
Time as a public health control: procedure & records			

Compliance Status		COS	R
Consumer Advisory			
24	<input checked="" type="checkbox"/> OUT N/A		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
25	<input checked="" type="checkbox"/> OUT N/A		
Pasteurized foods used; prohibited foods not offered			
Chemical			
26	<input checked="" type="checkbox"/> OUT N/A		
Food additives: approved and properly used			
27	<input checked="" type="checkbox"/> OUT		
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
28	IN OUT <input checked="" type="checkbox"/> N/A		
Compliance with variance, specialized process, and HACCP plan			
29	IN OUT <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> OUT		
Water and ice from approved source			
31	<input checked="" type="checkbox"/> OUT		
Insects, rodents, and animals not present			
32	<input checked="" type="checkbox"/> OUT N/A		
Hot and cold water available; adequate pressure			
33	<input checked="" type="checkbox"/> OUT N/A		
Plumbing installed; proper backflow devices			
34	<input checked="" type="checkbox"/> OUT N/A		
Sewage and waste water properly disposed			
35	<input checked="" type="checkbox"/> OUT		
Toilet facilities: properly constructed, supplied			
36	<input checked="" type="checkbox"/> OUT N/A		
Permit/Last inspection posted			

Date **07-16-20**

Person in Charge (Signature)

Inspector (Signature) *Mary Hampton*

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address ABC & ME 3236 New Hope Road, Columbus Ms 39702	Date 07-16-20
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No Violations during
this site visit

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 checked="" 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 MH4
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 ABC & ME Inspection Date 07-16-20

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