





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 9Date Aug. 7, 90

Name <u>The Child Care Center</u>	License No. <u>0137</u>
Address <u>605 E Elizabeth St. Niggin</u>	<u>39577</u>
Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Nellie Black</u>
Mileage Start _____	Mileage End _____
County <u>Jackson Stone</u>	Telephone No. <u>601-928-4378</u>
Time In _____	Time Out _____
Total Time _____	

## Findings/Comments

A virtual inspection was conducted

For Renewal - Record Sheet  
Fire Form

Center Director/Designee/Individual

Anna Walters  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name The Child Care Center License No. 0137 Date \_\_\_\_\_

- |     | Yes                                 | No                       | N/A                                 |   |
|-----|-------------------------------------|--------------------------|-------------------------------------|---|
| 1.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Policies and procedures (Parent's Handbook)</b> {Rule 1.4.1}   |
| 2.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Proof of Accident/Liability Insurance</b> 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"/> | <b>Approved arrival and departure procedures</b> {Rule 1.4.1 (2)}   |
| 4.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Letter of suitability for staff</b> {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Attendance records for children and staff</b> {Rule 1.6.3 (1)}   |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Current alphabetical roster of children (includes date of birth)</b> {Rule 1.6.3 (2)}  |
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Current staff roster (includes date of birth &amp; date of hire)</b> {Rule 1.6.3 (3)}  |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Monthly records of fire/disaster drills</b> {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"/> | <b>Immunization Records for Children and Staff</b> {Rule 1.6.3 (8)}   |
| 11. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Personnel records (attach employee's records form)</b> {Rule 1.6.4}  |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Volunteer records</b> {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Children records (attach children's records form)</b> {Rule 1.6.7}   |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/>            | <b>Daily written reports provided to parents for infants and toddlers</b> {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"/>            | <b>Age appropriate program of activities posted in each room</b> {Subchapter 9}   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Required toys present in infant room</b> {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Required toys present in toddler room</b> {Rule 1.10.1 (3)}  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Required toys present preschool room</b> {Rule 1.10.1 (4)}   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Licensed pest control contractor</b> {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Pets present (proof of immunization as required, signed by veterinarian)</b> {Rule 1.12.6}   |
| 24. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}   |
| 25. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}   |
| 26. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Infant feeding schedules posted (Appendix C, VII)</b>  |

 Comments/Recommendations \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_

- ☒ Pass –  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

 \_\_\_\_\_  
☐ Director ☐ Designee

 \_\_\_\_\_  
 Child Care Representative



## Food Establishment Inspection Report

Establishment <i>The Child Care Center</i>		Time in <i>10:30</i>	
Address <i>605 Elizabeth St.</i>	City/State <i>Wiggins</i>	Zip <i>39577</i>	Telephone <i>601-928-4378</i>
License/Permit# <i>0137</i>		Permit Holder <i>Nelta Black</i>	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
<b>Supervision</b>			
1 IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 IN OUT N/A	Manager certification		
<b>Employee Health</b>			
3 IN OUT	Management awareness; policy present		
4 IN OUT	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>			
5 IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
6 IN OUT N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
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		
<b>Approved Source</b>			
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		
<b>Protection from Contamination</b>			
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		
<b>Potentially Hazardous Food (TCS food)</b>			
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
<b>Consumer Advisory</b>			
24 IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>			
25 IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>			
26 IN OUT 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	Compliance with variance, specialized process, and HACCP plan		
29 IN OUT N/A	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 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 *Aug. 7, 2020*Person in Charge (Signature) *Virtual Inspection*Inspector (Signature) *Anna J. [Signature]*

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgement 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, Nelta Black (name), serve in the capacity of owner, director, or director designee of The Child Care Center (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.

Nelta Black  
Director Signature

5/7/2020  
Date of Signature