

MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Slove				D	ate 8-7-20					
Facility Name The C	Rild	Car	e Cen	làc L	icense Number <u>O</u>	/37				
Facility Name The Co			Ca	pacity	95					
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out	cos	N/A	Children Evacuati	Items - Must be corrected items - Must be corrected items in blank posted items item			cos	N/A	1
Room and playground capacity met Center capacity met License/complaint visible Certified food manager	3555			Walls, ce	g and Grounds eilings, floors, toys, equipme d in good repair	nt 🕑	- 0			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning	X			Heating/Ventilation Glass ap	approved cooling approved on adequate proved and shielded ne on premises, available,					ų
Waste water system approved and functioning Food service approved				and func Electrica Large ap	ctioning al outlets protected upliances located properly	면 건 건				
Possible Monetary Penalty	Moneta \$	ıry Pena	lty	Hot water exceed 1 Children	d toilets working properly er at all sinks, not to .20° barred from kitchen machine snacks meet					,
3.	_ \$ \$		=	nutrition Exits, do single ac	al guidelines, if present oors and fastening devices ction approved and in good					
4	\$		_		obstructed	다 다				
	<u>.</u>	oh S.		monoxid and therr in good	I smoke detectors, carbon the monitors, fire extinguisher mometers placed properly an working order kits stocked and easily acce	d 🗂				
		3 6 4	ngu Vigu	Playgrou drained a repair	and area clean, shaded, well and equipped and fence in go	ood	_			
	74	10	yr		and equipment meets standar a clean, fenced, and adequate					
				maintain	ned					
		On	000.5	number a	hanging stations adequate in and each fully supplied Care Representative				Lor	bu

12-10-08



Child Care Encounter

District	Dat	e Que 7,00
Name The Child Care Cente	License No. 0/37	
Address 605 E lizabeth St. Center/or	Liggine 39577 ganization/Individual	
Purpose Renewal	_ Director Mella Black	
Mileage Start	Mileage End	
County Jackson Stone	Telephone No. 661-928 .437	8
Time In Time Out	Total Time	s
Findings/Comments		
a virtual conspection we		
or orsued despertien no	a Conducted	
For Renewal - Beard St	heet	
The Sois	η	
A-1		112000
The state of the s		
MUCOS TO THE TOTAL PROPERTY OF THE PROPERTY OF		
N		
Kun	White Wellow	Copy - Facility File

Center Director/Designee/Individual

Child Care Representative



Child Care Program Review
Facility Name The Chied Care Carlo License No. 0137

гасі	iity r	vame	Date
	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 (1) & (1) }
3.			Approved arrival and departure procedures {Rule 1.4.1 (2)}
5.]		Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
6.		ā	Attendance records for children and staff {Rule 1.6.3 (1)} Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.			Current staff roster (includes date of hirth & 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 (Puls 1 6 2 (6))
10. 11.			Immunization Records for Children and Staff (Rule 1.6.3 (8))
12.		0	Personnel records (attach employee's records form) {Rule 1.6.4} Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.			Children records (attach children's records form) {Rule 1.6.7}
	4		Reports of serious occurences made as required (Rule 1.7.1)
15.			Communicable diseases reported as required (Rule 1.7.3)
			Daily written reports provided to parents for infants and toddlers (Rule 1.7.4)
			Staff present who hold valid CPR and First Aid Certification (Rule 1.8.1.(4) & (5))
		0	Age appropriate program of activities posted in each room {Subchapter 9} Required toys present in infant room {Rule 1.10.1 (2)}
		ū	Required toys present in infant room {Rule 1.10.1 (2)} Required toys present in toddler room {Rule 1.10.1 (3)}
			Required toys present preschool room {Rule 1.10.1 (3)}
			Licensed pest control contractor {Rule 1.11.14}
23.			Pets present (proof of immunization as required, signed by veteringrian) {Rule 1 12 6}
24. 25.			Appropriate discipline policy followed {Subchapter 14}
26.		_	Appropriate transportation policy followed {Subchapter 15} Infant feeding schedules posted (Appendix C, VII)
			- Maint recuing schedules posted (Appendix C, VII)
Cor	nme	nts/l	Recommendations
	Pass -		
		se to i	be issued: Regular Probational Restricted
	Fail	(7 12 22 -	within days Virtual Dopperties D. a should
- 1	OHOV	v-up \	Spring of Villet
			☐ Director ☐ Designee Child Care Representative



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

Food I	Establishment Ins	spection R	eport	
Establishment (HO Child Care	Center	Time in)) 30	
Address 605 Elizabeth St. License/Permit#	City/State Wasine	Zip 35577	Telephone 601-928 - 4	1378
License/Permit# $0/37$, , , , ,	Permit Holde	ta Black	Risk Level
GLI LI L	142.6		Mark "Y" in appropriate has	for COS and P

 $\label{eq:compliance} \begin{array}{ll} \text{Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item} \\ \text{IN = in compliance} & \text{OUT = not in compliance} & \text{N/O = not observed} & \text{N/A = not applicable} \\ \end{array}$

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				T.
		Supervision	Ball	7_
I	(IN ØUT	Person in charge present, demonstrates knowledge, and performs duties	VAX-	
2	IN OUT (N/A)	Manager certification		
,		Employee Health	W/	
1	IN OUT	Management awareness; policy present		
À	IN)OUT	Proper use of reporting, restriction & exclusion		
,		Good Hygienic Practices		
5	IN OUT (NO)	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 (SA)	Hands clean and properly washed		
8	IN OUT N/A (1)/O	No bare hand contact with ready-to-eat foods		
9	IN OUT	Adequate handwashing facilities supplied & accessible		
/		Approved Source	1025	
10/	INOUT	Food obtained from approved source		1
u\	HOUT N/A N/O	Food received at proper temperature	4	
12	NOUT	Food in good condition, safe, and unadulterated		
13	IN OUT NA NO	Required records available: shellstock tags, parasite destruction		
1	5	Protection from Contamination		
14	IN OUT N/A	Food separated and protected		
13	IN)OUT N/A	Food - contact surfaces: cleaned & sanitized		
7		/ SQL (V)		
		Alrian		
16	INDUT	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		L
19	IN OUT N/A N/O	Proper cooling time and temperature		
20	DOUT N/A N/O	Proper hot holding temperatures		
21,	(N)OUT N/A	Proper cold holding temperatures		
62	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
27.5	Consumer Advisory		
24 IN OUT NO	Consumer advisory provided for raw or undercooked foods		
2	Highly Susceptible Populations		
IN OUT OU	Pasteurized foods used; prohibited foods not offered		
Carry Carl	Chemical		
10 IN OUT (NA	Food additives: approved and properly used		
27 INPUT	Toxic substances properly identified, stored, used		
0	Conformance with Approved Procedures		
28 IN OUT	Compliance with variance, specialized process, and HACCP plan		
29 IN OUT (N/A	Risk control plan as required		
VIII	Other Critical Factors		
	ntative measures to control the introduction hogens, chemicals and physical objects		
into f	nods.		
into f	water and ice from approved source	HOSE.	
into f		LINES.	
into formation of the second s	Water and ice from approved source		
into for a second secon	Water and ice from approved source Insects, rodents, and animals not present		
into formation into f	Water and ice from approved source Insects, rodents, and animals not present Hot and cold water available; adequate pressure		
into formation into f	Water and ice from approved source Insects, rodents, and animals not present Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices		

Date (2020	
Person in Charge (Signature) Milial dyspec	i
Inspector (Signature) Anna Al	

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.

1. 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-tate 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.

Director Signature

Date of Signature

570 East Woodrow Wilson - Post Office Box 1770