



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II

Date 6-4-18

Name <u>Small Beginnings</u>	License No. <u>Pending</u>
Address <u>7360 Will Robbins Hwy Nettleton 38858</u>	
Center/ Organization/ Individual	
Purpose <u>Initial</u>	Director <u>Tashanee Morn's</u>
Mileage Start _____	Mileage End _____
County <u>Itawamba</u>	Telephone No. <u>662-491-664</u>
Time In <u>1:10</u>	Time Out <u>2:20</u>
Total Time _____	

Findings/Comments Here for an initial inspection.
The following has been provided to the facility.
Fire form #333
Complaint poster
No smoking poster
Handwashing poster
Child care regulations summary
Blue food code book
ABC food packet
Fire/emergency drill log
Medication log
Sign in/sign out form
Accident/incident form
Child Care enrollment form
Employee application
Staff contact log
Playground information
TummySafe information
Volunteer Sign In/Sign Out form

The pending facility does not have a playground
at this time. The lead soil test sample was
taken from where the playground will be.
The facility's capacity is set at 30 due to the
number of toilets and sinks. The playground must
be at least 750 sq ft.

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 6-14-18

Facility Name Small Beginnings

License No. Pending

Form # 286 has been completed. Anything marked "No" on form # 286 must be in compliance before a temporary license is issued.

The following has been received from the owner:

Approved Fire Form #333

Two menus

Zoning Letter

Playground lead test

Proof of Age of Building - Built in 1958

Documentation of when the building was rebuilt.

Daily Schedule

Parent handbook

Employee Handbook

The licensing official will submit documentation of age of building and construction on the building to Jackson to be reviewed.

The licensing official will consult with supervisors concerning the concrete floor in room #2. Rule 1.11.1(8)

Rule 1.11.9 (5) states in part, "The outdoor playground area shall be free of hazards and not less than 30 ft (measured horizontally parallel to the ground) from electrical transformers, high-voltage power lines, electrical substations,..."

Sharea Moore
Center Director/Designee/Individual

Kimberly Clark
Child Care Representative
Garry Pratt

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Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Small Beginnings Date 6-14-18
 Physical Address 7360 Will Robbins Hwy Nettleton 38858
 Operator Tasharae Morris Daytime Telephone Number 662-491-6704
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 2 # of Rooms Used for Child Care 2
 Construction: Masonry _____ Brick ☒ Frame _____ Metal _____ Other Wood

I. Building/Grounds

A. General

Yes No NA

- ☒ ☐ ☐ 1. Install two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
- ☒ ☐ ☐ 2. Walls – ☐ clean ☒ repair ☐ paint ☐ replace
- ☐ ☒ ☐ 3. Floors – ☐ clean ☐ repair ☐ paint ☐ replace concrete floor Room #2
- ☒ ☒ ☐ 4. Ceiling – ☒ clean ☒ repair ☐ paint ☐ replace
- ☒ ☐ ☐ 5. Install plug covers on all outlets.
- ☐ ☒ ☐ 6. Barriers installed as needed – ☐ kitchen ☐ stairways ☐ windows ☐ porches ☒ other add bth to door
- ☐ ☐ ☒ 7. Handrails – ☐ steps ☐ landings ☐ toilets ☐ other _____
- ☐ ☒ ☐ 8. Heating/cooling – ☐ gas ☒ electric ☐ other _____
 Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
- ☐ ☐ ☒ 9. Unapproved heaters must be removed.
- ☐ ☒ ☐ 10. Install adequate, proper heating and/or cooling systems.
- ☒ ☐ ☐ 11. Hang child safe thermometers at child level in every room utilized by children.
- ☐ ☒ ☐ 12. Install additional lighting. Note – All lights must be shielded.
- ☐ ☒ ☐ 13. Install telephone accessible to caregivers.
- ☐ ☒ ☐ 14. Install individual compartments or hooks for each child.
- ☒ ☐ ☐ 15. Provide diaper changing stations in all rooms housing children who are not toilet trained.
 Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations 1.
- ☒ ☐ ☐ 16. Approved – ☒ waste water ☒ water supply
- ☒ ☐ ☐ 17. Post emergency evacuation plan.
- ☒ ☐ ☐ 18. Hot and cold running water at all handwashing sinks.
- ☐ ☒ ☐ 19. Buildings constructed prior to 1965 shall be tested for lead. Built 1958

B. Kitchen/Food Preparation Area (continued)

- | Yes | No | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Install approved stove hood, vented to outside per fire codes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Install separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Install approved dishwasher. _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Install three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Install food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Install mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Install handwashing sink. Note – All sinks must have hot and cold water. |

C. Grounds

- | Yes | No | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Install an approved play area with fence. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Remove all hazards including non-approved playground equipment. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment must be approved before installation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Playground must be completed before opening for business. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil must be tested for lead. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Other _____ |

II. Furniture And Equipment**A. Furniture**

- | Yes | No | NA | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

B. Furniture

- | Yes | No | NA | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding – <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- | Yes | No | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Comply with local zoning, building and fire safety codes. |

IV. Recommendations

[Signature]
Operator/Center/Date

[Signature]
Licensing Officer
[Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II

Date 8-2-18

Name <u>Small Beginnings</u>	License No. <u>Pending</u>
Address <u>7360 Will Robbins Hwy Nettleton 38858</u>	
Center/Organization/Individual	
Purpose <u>Follow-up</u>	Director <u>Tasharee Morris</u>
Mileage Start _____	Mileage End _____
County <u>Itawamba</u>	Telephone No. <u>662-491-6704</u>
Time In <u>10:05</u>	Time Out <u>11:20</u>
Total Time _____	

Findings/Comments Here for a follow-up inspection.
An Emergency Relocation Sites Policy must be added to the parent handbook indicating the 1 mile and 5 mile emergency relocation sites. The policy should also state how the children will be relocate to the emergency relocation sites; by facility vans, personnel vehicles, and/or etc.

Proof of Age of the Building has been received. The building was built in 1958. The owner has been provide information on what test must be conducted on the building. The licensing official has provided the owner with the name, phone number, and email of the contact person at DEQ.

The playground fence has not been installed yet; however, post are up indicating where the fence will be. The licensing official measured 69 x 30. The owner has decided to extend the fence by 10 feet which would be 79 x 30; fence will be extended away from the road. All bolts must be facing out and the playground must have 2 gates away from each other. The post are 30 feet away from

Tasharee Morris
Center Director/Designee/Individual

Kimberly Clark
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 8-2-18

Facility Name Small Beginnings
the powerlines.

License No. Pending

The owner has been provided a Child Care Checklist indicating what documentation ~~what~~ has been submitted and what must be submitted before a temporary license can be issued.

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 9-28-18

Name	<u>Small Beginnings</u>	License No.	<u>Pending</u>
Address	<u>7366 Wall Robbins Hwy Nettleton 38858</u>		
	Center/Organization/Individual		
Purpose	<u>Followup/Final</u>	Director	<u>Tasharee Morris</u>
Mileage Start		Mileage End	
County	<u>Itawamba</u>	Telephone No.	<u>662-662-601-5868</u>
Time In	<u>2:02</u>	Time Out	<u>3:30</u>
		Total Time	

Findings/Comments Here for a follow up/final inspection.The licensing official received the following:

- Owner/director's work experience
- after school schedule
- Emergency Evacuation Site Policy
- Emergency Transportation Policy
- Vehicle Insurance
- updated parent handbook

The following were completed and discussed with owner/director:

- Form # 281
- Form # 328 - Kitchen received an "A" - no critical violations in the kitchen
- Form # 301
- Floor Plans - signed
- Capacity Worksheet Form # 28 - signed
- Form # 286 - signed

All documents were signed by the licensing official and owner/directorThe licensing official sent the director's qualifications to Jackson to be reviewed. The licensing official is waiting on an response from Jackson.

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 9-28-18

Facility Name Small Beginnings License No. Pending

Owner/director's letter of suitability has not been received at this time. Waiting on child abuse registry - per fingerprint unit.

Everything on form # 286 must be in compliance before a temporary license is issued.

Facility capacity set at 30 due to number of toilet and hand washing sinks.

Update facility phone number is 662-645-5868

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Small Beginnings Date 9-28-18
 Physical Address 7360 Will Robbins Hwy Nettleton 38858
 Operator Tasharee Morris Daytime Telephone Number 662-491-6704
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 3 # of Rooms Used for Child Care 3
 Construction: Masonry _____ Brick ☒ Frame _____ Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

OK 9-28-18

In	Out	NA	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Plug covers on all outlets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____ Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Unapproved heaters (must be removed).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Adequate, proper heating and/or cooling systems.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Child safe thermometers at child level in every room utilized by children.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Adequate lighting. Note – All lights must be shielded.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Telephone accessible to caregivers.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Individual compartments or hooks for each child.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Diaper changing stations in all rooms housing children who are not toilet trained. Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Emergency evacuation plan posted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Hot and cold running water at all handwashing sinks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Building constructed prior to 1965 has been tested for lead.

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☒ ☐ ☒ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. _____
- ☒ ☐ ☒ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☒ ☐ ☐ 1. Approved play area with fence.
- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☒ ☐ ☐ 3. Playground equipment approved before installation.
- ☒ ☐ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☒ ☐ ☒ 7. Other _____
- _____
- _____

II. Furniture And Equipment**A. Furniture**

In Out NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Equipment

In Out NA

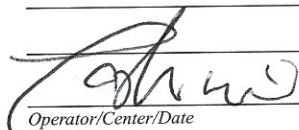
- ☒ ☐ ☐ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☒ ☐ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads
- Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

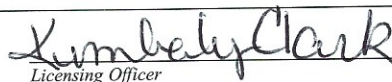
In Out NA

- ☒ ☐ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations



Operator/Center/Date



Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County ItawambaDate 9-28-18Facility Name Small BeginningsLicense Number PendingPurpose Follow up/FinalCapacity 30**All Items In Red Are Critical**

Qualified director present

Proper staff to child ratio present

Room and playground capacity met

Center capacity met

License/complaint visible

Certified food manager

In Out COS N/A

☐ ☐ ☐ ☒☐ ☐ ☐ ☒☐ ☐ ☐ ☒☐ ☐ ☐ ☒☐ ☐ ☐ ☒☐ ☐ ☐ ☒**Sanitation Approved**

Garbage and garbage bins maintained

Vector control maintained

Water system approved and functioning

Waste water system approved

and functioning

Food service approved

☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐**Possible Monetary Penalty**

Monetary Penalty

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Age/Child/Staff Name

1.

2.

3.

4.

5.

6.

7.

Other Items - Must be corrected

Children's belongings separated/stored

Evacuation plans posted

Menus posted and served

Plan of activities

In Out COS N/A

☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐**Building and Grounds**

Walls, ceilings, floors, toys, equipment

clean and in good repair

☒ ☐ ☐ ☐

Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available,

and functioning

☒ ☐ ☐ ☐

Electrical outlets protected

Large appliances located properly

Sinks and toilets working properly

Hot water at all sinks, not to

exceed 120°

Children barred from kitchen

Vending machine snacks meet

nutritional guidelines, if present

Exits, doors and fastening devices

single action approved and in good

working order

☒ ☐ ☐ ☐

Exits unobstructed

Required smoke detectors, carbon

monoxide monitors, fire extinguishers

and thermometers placed properly and

in good working order

☒ ☐ ☐ ☐

First aid kits stocked and easily accessible

☒ ☐ ☐ ☐

Playground area clean, shaded, well

drained and equipped and fence in good

repair

☒ ☐ ☐ ☐

Playground equipment meets standards

☒ ☐ ☐ ☐

Pool area clean, fenced, and adequately

maintained

☐ ☐ ☐ ☒

Diaper changing stations adequate in

number and each fully supplied

(number _____)

☒ ☐ ☐ ☐

Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
Pending	Small Beginnings 7360 Will Robbins Hwy Nettleton 38658	9-28-18

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

CRITICAL VIOLATIONS	
no critical violations in the kitchen	
Kitchen received an "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 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	Environmentalist Code KPZ
Please Remit within 10 days to:	

T. Morris
Certified Manager

Pending
Licence Number

Facility Signature	<i>[Signature]</i>
Environmentalist Signature	<i>[Signature]</i>

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

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

Food Establishment Inspection Report

Establishment <i>Small Beginnings</i>		Time in <i>2:26</i>	
Address <i>7366 Will Robbins Hwy</i>		City/State <i>Hattieson, MS</i>	Telephone <i>662-601-5868</i>
License/Permit# <i>Pending</i>		Permit Holder <i>T. Morris</i>	Risk Level <i>2</i>

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
*10-18*Person in Charge (Signature)
*[Signature]*Inspector (Signature)
Kimberly Clark



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

Food Establishment Inspection Report

Establishment <i>Small Beginnings</i>		Time in <i>2:26</i>	
Address <i>7366 Will Robbins Hwy</i>	City/State <i>Hattiesburg, MS</i>	Zip <i>38858</i>	Telephone <i>662-661-5868</i>
License/Permit# <i>Pending</i>		Permit Holder <i>T. Morris</i>	Risk Level <i>2</i>

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

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

Date

9-28-19

Person in Charge (Signature)

Inspector (Signature)

Kimberly Clark