

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, Patricia Yennie (name), serve in the capacity of owner, director, or director designee of Isiah Fredericks Head Start (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.

Patricia Yennie  
Director Signature

10/6/2020  
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IVDate 9-24-2020

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

Purpose \_\_\_\_\_

Mileage Start \_\_\_\_\_

County \_\_\_\_\_ Telephone No. \_\_\_\_\_

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments

Facility Currently serving children virtually.  
 No children are present. Ms. Patricia Yennee  
 Acting on behalf of MAP (owner) completed  
 physical inspection of the building and  
 draft files. As children are not currently  
 on site a full review of children's files  
 could not be completed.

Virtual Insp.  
 Center Director/Designee/Individual

Amanda H. [Signature]  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



MS Action for Progress, Inc - Head Start  
Region 12 - Blanche Saucier  
Isiah Fredericks Doyle Moffett  
**Records Cheat Sheet for Child Care Providers**

Below is a list of documents that should be reviewed before your inspection. Please contact your licensing official if you have any questions.

- Review Immunization Form 121 for all staff and children. The forms must be up to date and complete. {Rule 1.6.3 (1)} **Complete**
- Review all Letters of Suitability for staff. Be sure that the letter has not expired. {Rule 1.5.2 & 1.6.4 (1)(f)} **Complete**
- Review all staff contact hours within the last licensure year. All staff must have 15 contact hours for the year. Five hours may be in house training. {Rule 1.5.8 (2)} **Complete**
- Review CPR and First Aid certificates. At least one-person present must have a valid CPR and First Aid Certification. {Rule 1.8.1 (4) & (5)} **Complete**
- Review proof of Accident /Liability Insurance or documentation that parents have been notified that no insurance is in effect. {Rule 1.4.1 (2)} **Have not had the opportunity to have parents sign for the parent Handbook (pg 28)**
- Review proof of monthly fire/disaster drills documentation {Rule 1.6.3 (6)} **Complete**
- Review medication records for the last 90 days. (If medication is given by the facility documentation should include the date, time, and signature.) {Rule 1.6.3 (5)} **N/A; no children on site**
- Policy and Procedures (Review Facility/Parent Handbook) (Rule 1.4.1): **Complete**
  - 1) Approved arrival and departure policy
  - 2) Appropriate discipline policy
  - 3) Appropriate transportation policy
- Facility Records (Rule 1.6.3) **Complete**
  - 1) Attendance Records for children and staff
  - 2) Current Alphabetical roster for staff and children
- Staff Records (Review Staff Files) (Rule 1.6.4): **Complete**
  - 1) Application for Employment
  - 2) Qualifications (Education, training, and experience necessary for employment)
  - 3) Date of Employment
  - 4) Verification of New Employee Orientation

Isiah Fredericks Head Start  
3410 Jackson Street, Gulfport, MS 39501  
228-822-0755 Lic. No.: 7489  
Director: Angela Thomas

• Children Records (Review Files) (Rule 1.6.7): *Complete*

- 1) Date of Birth
- 2) Home Address
- 3) Home Telephone Number
- 4) Parent's Name
- 5) Business Telephone
- 6) Date of Acceptance (the date the child was accepted at the facility)
- 7) Liability Insurance Notice (Whether or not the facility had Insurance for the children.) *Have not had opportunity to have parents sign for*
- 8) Pick Up and Drop Off List
- 9) Photography Authorization — *N/A at this time; no children on site*
- 10) Field Trip Authorization — *N/A at this time; no children on site*
- 11) Emergency Authorization (Written authorization to obtain emergency medical treatment and to administer medication.) *Parent Handbook pg 28*
- 12) Record of Accidents — *N/A at this time; no children on site*
- 13) Emergency Contacts (Parents, Grandparents, etc.)