



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County BolivarDate 01/9/2018Facility Name Shaw Head Start CenterLicense Number 06C4IH-0780Purpose Mid-yearCapacity 141

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	3/16/ E. Perry & T. Lafayette
2.	3/13/ J. Jackson & C. Love
3.	4/18/ P. Brown & S. Sanders
4.	4/15/ L. Cole & L. Clark
5.	infants / 6/ A. Booker & C. Grims
6.	infants / 7/ D. Ferguson & L. Lewis
7.	infants / P. Perry & A. King

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible ☒ ☐ ☐ ☐Playground area clean, shaded, well drained and equipped and fence in good repair ☐ ☐ ☐ ☒
 *Playground not observed due to rain*Playground equipment meets standards ☐ ☐ ☐ ☒Pool area clean, fenced, and adequately maintained ☐ ☐ ☐ ☒Diaper changing stations adequate in number and each fully supplied (number 3) ☒ ☐ ☐ ☐Center Director/Individual Bernice ShawChild Care Representative Shudell

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

3

Date

01/9/2018

Name Shaw Head Start Center License No. 06C4IH-0780Address 516 Faison Street Shaw, MS 38773
Center/Organization/IndividualPurpose Mid-year Director Nettie Nailer

Mileage Start _____ Mileage End _____

County Bolivar Telephone No. 662-754-3682Time In 11:02 Time Out 12:30 Total Time _____Findings/Comments This visit is for mid-year inspection, met with Designee Bernice Shaw.A walk-through was completed of facility at which time no deficiencies were observed.Playground was not observed at time of visit due to rain.No deficiencies observed with staff and children files.If any questions or concerns please contact child care at 601-364-2827 or 662-458-9429.A customer service care was provided to Designee Bernice Shaw."Class I and Class II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of the license."Bernice Shaw
Center Director/Designee/Individual

Child Care Representative
White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID <i>06C4TH-0786</i>	Facility Name, Address <i>Shaw Head Start</i> <i>516 Faison Street Shaw MS 38773</i>	Date <i>01/9/2018</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p><i>No Critical violations observed at time of visit.</i></p>	<p><i>No correction plan needed at time of visit.</i></p> <p><i>Kitchen received "A"</i></p>
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<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	Environmental Code <i>533</i>
Please Remit within 10 days to:	

Andreia Matthews *11392441-Serv 57e*
 Certified Manager Licence Number

Facility Signature <i>Bernice Shaw</i>
Environmental Signature <i>Shaw</i>

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

** Playground not observed due to Rain **
Child Care Licensure Playground Checklist

Center Name Shaw Head Start Center Inspection Date 01/9/2018

YES NO N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3) |
| <hr/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41) |
| <hr/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency
<div style="text-align: right;">(CPSC 3.2, pg 14;
2.5.2, pg 1 & 5.3.8.1, pg 37)</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency
<div style="text-align: right;">(CPSC 5.3.6.4-5 pgs 34-35)</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate
<div style="text-align: right;">(Rule 1.10.2, pg 46
& CPSC 2.2.6, pg 6)</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Is playground area clean & free of hazards? If not, state deficiency.
<div style="text-align: right;">(Rule 1.11.11 (1), pg 61)</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15) |

Director Bernice Shaw Licensing Official Shirley Co

** Playground not observed due to Rain **