MARTIN HEAD START CENTER 555 S ROACH ST, Jackson, MS 39201 Lic. 25CFIH-1068 P. 601-355-5416

Director: Andrea Gordon MISSISSIPPI STATE DEPARTMENT OF HEALTH **Child Care Facility Inspection** County License Number Facility Name Capacity Purpose N/A Other Items - Must be corrected COS Children's belongings separated/stored Evacuation plans posted Menus posted and served In/Out All Items In Red Are Critical COS N/A Plan of activities Qualified director present Proper staff to child ratio present **Building and Grounds** Room and playground capacity met Walls, ceilings, floors, toys, equipment Center capacity met clean and in good repair License/complaint visible Certified food manager Lighting approved Heating/cooling approved **Sanitation Approved** Ventilation adequate Garbage and garbage bins maintained Glass approved and shielded Vector control maintained Telephone on premises, available, Water system approved and functioning and functioning Waste water system approved and functioning Electrical outlets protected Food service approved Large appliances located properly Sinks and toilets working properly **Possible Monetary Penalty** Hot water at all sinks, not to exceed 120° Monetary Penalty Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present П 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 Age/Child/Staff Name in good working order First aid kits stocked and easily accessible Playground area clean, shaded, well drained and equipped and fence in good repair YUGU SULLE 287 Pool area clean, fenced, and adequately maintained Diaper changing stations adequate in number and each fully supplied (number Child Care Representative

Center Director/Individual White Copy - Facility File

Yellow Copy -Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

MARTIN HEAD START CENTER
555 S ROACH ST, Jackson, MS 39201
Lic. 25CFIH-1068 P. 601-355-5416

Director: Andrea Gordon



Child Care Facility Inspection

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|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-------|--|
| County | Date 4 5' 9 | | | | |
| Facility Name License Number | | | | | |
| Purpose Ca | pacity | | | | |
| All Items In Red Are Critical Qualified director present In Out COS N/A | 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 | |
| Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food managet | Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair | | /- | | |
| Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning | Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, | | | | |
| Water system approved and functioning Waste water system approved | and functioning | | | | |
| and functioning Food service approved | Electrical outlets protected Large appliances located properly Sinks and toilets working properly | | | | |
| Possible Monetary Penalty Monetary Penalty | Hot water at all sinks, not to exceed 120° Children barred from kitchen | | | | |
| 2\$ | Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices | | | | |
| 3 | single action approved and in good working order | | | | |
| 5. | Exits unobstructed Required smoke detectors, carbon | | | | |
| Age/Child/Staff Name Age/Child/Staff Name | monoxide monitors, fire extinguishers and thermometers placed properly and in good working order | | P | | |
| 345-12-H25H4F | First aid kits stocked and easily accessible | | | | |
| 03. 4-5- 13-# STAFF | Playground area clean, shaded, well drained and equipped and fence in good repair | | | | |
| 5. | Playground equipment meets standards | | | F | |
| 6. | Pool area clean, fenced, and adequately maintained | | | | |
| 7. | Diaper changing stations adequate in number and each fully supplied (number) | | П | | |
| Center Director/Individual | Child Care Representative | elo | 46 | the | |
| White Copy - Facility File Yellow Copy - Facility Operator Mississippi State Department of Health 12-1 | .0-08 | 1 | Form No | . 281 | |

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Page ____ of ____

Child Care Encounter

| Name License No. Address Center/Organization/Individual Purpose Mileage Staft Mileage End County Mileage End Telephone No. Time In DOM Time Out 1350 Mileage End Findings/Comments Will All Mileage End Findings/Comments Will Mileage End Findings/Comments Findings/C | | Child Care Encounter |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address Purpose | District_ | Date 4.8.19 |
| Purpose Director Mileage Staft | Name | License No |
| Purpose Mileage Stury Mileage Stury Mileage End Telephone No. Time In V. D. M. Time Out I 35 P. M. Total Time Findings/Comments J. O. M. M. M. J. M. | Address_ | |
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| monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license. | LO-0 file at a gnd ng s | DSENVED (DONE STUFF WILL DE VETT OF SUITABILITY ON At the facility. Stuff must not be 16ft alone withe any hun time until a finger print, registry form frees are paid to MSDH, and is cleared. The facility eddays to submit to the LO, through email, fax, mail. |
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Mississippi State Department of Health

Revised 6-24-09

Form No. 287

MARTIN HEAD START CENTER 555 S ROACH ST, Jackson, MS 39201 Lic. 25CFIH-1068 P. 601-355-5416 Director: Andrea Gordon





| Facility Name | License No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Rule 1.6.3(8) | |
| LO-dosenved (2) 4WB Students I on sile at the tacilism. The social service workers IChurn to school yet. The Duk the social service worker Today the Child Will not y Submitted to the facili | Mexpired MSDH Form #121 Suted (1) Student has not other Student is at school or Stated that after tehrn until form is by, |
| Facility has 10 days to | submit to the LO- |
| Kitchen is in 100% cor | npliance, |
| Planground will be check | ed on another inspection |
| C/455100ms W95 in 10090 | Complance. |
| Happy Summer! | |
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| | |
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| | |
| Genter Director/Designee/Individual Child Care Representative | White Copy - Facility File Yellow Copy - Operator |

Food Service Facility Inspection Results

| PIMS ID | Facility Name, Address | Date 4.8.19 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CRITICAL V | IOLATIONS | CORRECTION PLAN AND SCHEDULE | |
| | Volutions on | | |
| □ 92020 Scheduled □ 92030 Followup □ 92040 Complaint □ 92050 Consultation □ 92070 Plan Review/Const. □ 92080 No Inspection □ 92090 Restaurant Training Permit Date Please Remit within 10 days to | ☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00 Environmentalist Code | Certified Manager Licence Number Facility Signature Environmentalist Signature White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist | |