McCall Head Start Center 300 Kirby Street Pelahatchie, MS 39145 Ph.: 601-854-8463

Lic.: 61C4IH-2455 Director: Patricia Givens MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Kankin			Date 02/20/20	18			
			License Number				
Facility Name	<i>t</i> 1		140				
Purpose Purpose	1.77	Cap	acity				
· · · · · · · · · · · · · · · · · · ·			Other Items - Must be corrected	ln/	Out	COS	N/A
			Children's belongings separated/stored Evacuation plans posted		R		
All Items In Red Are Critical	In Out CO	S N/A	Menus posted and served	V/			
Qualified director present			Plan of activities	V			
Proper staff to child ratio present Room and playground capacity met			Building and Grounds				
Center capacity met			Walls, ceilings, floors, toys, equipment	_/	_	_	
License/complaint visible Certified food manager			clean and in good repair	M		Ш	Ш
Ceruned 1000 manager		J 🗀	Lighting approved				
Sanitation Approved	/	_	Heating/cooling approved Ventilation adequate	$\frac{1}{2}$	H		님
Garbage and garbage bins maintained Vector control maintained	<u>V</u>		Glass approved and shielded	* /			
Water system approved and functioning			Telephone on premises, available,				
Waste water system approved	d1	, ,	and functioning	\square			Ш
and functioning Food service approved	M/ H -	」	Electrical outlets protected				
-			Large appliances located properly Sinks and toilets working properly		\mathbb{H}		
Possible Monetary Penalty	Manatan Da		Hot water at all sinks, not to	/	. —	_	_
1.	Monetary Pe \$	enaity	exceed 120° Children barred from kitchen	M		님	
-			Vending machine snacks meet	14			
2			nutritional guidelines, if present				
3	\$		Exits, doors and fastening devices single action approved and in good	/	•		
4	¢		working order	∇			
4	<u> </u>		Exits unobstructed				
5	<u> </u>		Required smoke detectors, carbon monoxide monitors, fire extinguishers				
Age/Child/Sta	ff Name		and thermometers placed properly and	/			
1.3 Par. 15. Care	given#	1 #0	in good working order	\square	, 🗆		
LIPONO III - CAM	MILLON H	140	First aid kits stocked and easily accessible	le 🔽			
2. 5 Var 4 Care	31V-21 7F	蓝红	Playground area clean, shaded, well				
3. 4 year 10 · wre	alver, #1	#4#3	drained and equipped and fence in good	,			
4. 2 Vicar. 7. Care	alver#	1,#2	repair	V/			
5. 4 Mar. B. Care	diver #	F1,#2	Playground equipment meets standards	∇			
6. 2-13 Vear . 9 . co	Pealver	#1#2	Pool area clean, fenced, and adequately				. /
7 1-2 VIANV. 7. CO	inedicten	#1#0	maintained				TV
1. 11 2 years 1 Co	T CONVO	TITTE	Diaper changing stations adequate in	. 1	, ()	
	1	0	number and each fully supplied	126	alx	14	10
L. DA	tora, a)	X	(number)	/ ^{\sigma} (1/	אלא	$(\forall$
Center Director/Individual	Julia Z	Juns	_ Child Care Representative)./	JU		-0
	Copy - Facility Op		100	5	D.	orm No	281
Mississippi State Department of Heal	ıtn	12-10	J-U0 /		r(סגו ווונכ	. 201





District5	Child Care Encounter	Date 02 /20/208
Name	License No	
Address	Center/Organization/Individual	
Purpose Renewal	Director	
Mileage Start	Mileage End	
County 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Telephone No	
Time In 10:22 0.m	Time Out 10:00 p.m Total Time_ On_arrival, the Ucensina Offi	cial motivilla
Findings/Comments UDU GIREGOV, MIC	5. Pathag Givens.	of and they will
	His y181+ 15 to conduct a r. provide technical assistance.	enewa!
Jechnical assis	Stance was provided on t	he following:
rest v	expires 00/00/00/00	TO TON COT 195
	gran gran	
Include Staff	Date of Birth on staff noster	2

thank 1100 Con	n All Share was det	
many god for	of all that you do!	
01.0	Almos La Caldina	

Mississippi State Department of Health

Revised 6-24-09

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Form No. 287

McCall Head Start Center 300 Kirby Street Pelahatchie, MS 39145 h.: 601-854-8463 ic.: 61C4IH-2455 Director: Patricia Givens



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Date 03 / 86/2018

Facility Name	License No
Please fax, scar Weeks menus.	or mail fire form #333 and 2
www.healthym	s. com
Green survey	card privided to mrs. Patricia Givens
email: mccalle	Ofcmi-ms. US
	Class I and 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.
Center Director/Designee/Individua	White Copy - Facility File Yellow Copy - Operator

Director: Patricia Givens

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Child Care Program Review

	Chil	d Care Program R	keview	on lo	mhal
Facility Name		License No		Date Un D	<u>Upu</u>
Yes No N. 1.	Policies and procedures Proof of Accident/Liability insurance is in effect {Ru Approved arrival and dep Letter of suitability for st Attendance records for cl Current alphabetical roster Current staff roster (inclu Monthly records of fire/d Medication record with Immunization Records for Personnel records (attack Volunteer records {Rule Children records (attack Reports of serious occur Communicable diseases Daily written reports prov Staff present who hold w Age appropriate program Required toys present in a Repropriate discipline p Appropriate transportat Infant feeding schedules Recommendations	(Parent's Handbook) {Rule 1.4.1 ty Insurance or documentation that the letter of the l	t parent has been not ff)} th) {Rule 1.6.3 (2)} Rule 1.6.3 (3)} s {Rule 1.6.3 (6)} 8)} 1.6.4} 6.7} 7.1} 3} ddlers {Rule 1.7.4} ation {Rule 1.8.1 (4) {Subchapter 9} veterinarian) {Rule 1.5} veterinarian) {Rule 1.5}	1.12.6} If any	
☐ Fail	e issued: Regular P	robational Restricted THUM THUS irector Designee	Chill Car	Representative	
Mississippi State I	Department of Health	Revised 12-19-	13		Form 289

Food Service Facility Inspection Results

4 F 1	McCall Head Start Center		
PIMS ID Facilit 300 Kirby Street Pelahatchie, MS 39145		L.	ate
ph • 601-854-8463		U	31001008
CDITICAL VIOL	Lic.: 61C4IH-2455 ATDirector: Patricia Givens	CORRECTION PLAN AND S	CHEDULE
CRITICAL VIOL	Albirector	CORRECTION I EMPARADO	CHEBULE
Observed			
no	,		
atial			
Violations			
A A		A	and and
	/	GREVALCI ULIVER	PLY SALE
☐ 92020 Scheduled	92010 Permit No Charge	Certified Manager Lice	ence Number
☐ 92030 Followup	92015 Permit 1 \$30.00	(NI)·/	2/10/10/10
☐ 92040 Complaint	☐ 92011 Permit 2 \$100.00	CAP.U	1/20/2010
☐ 92050 Consultation	☐ 92012 Permit 3 \$150.00	/	7
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 \$200.00		
☐ 92080 No Inspection		Facility Signature	Jueno
☐ 92090 Restaurant Training	20	Environmentalist Signature	· · ·
Permit Date	Environmentalist Code	Environmentalist Signature	115
Please Remit within 10 days to:		White Copy - Facility	
ricase Keinit within 10 days to.		Yellow Copy - PIMS Pink Copy- Environmentalist	
		This Copy- Environmentalist	

	Child Care Licenson Diayground Checklist
Center Name	McCall Head Start Center 300 Kirby Street Pelahatchie, MS 39145 Ph.: 601-854-8463 Lic.: 61C4IH-2455 Director: Patricia Givens Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48) 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48) Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
	2. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC5.3.6.4-5 pgs 34-35
	4. Is age-appropriate equipment being used? If not, state which pieces are marked? Rule 1.10.2, pg 3.
	5. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 4.
	Is adequate shade present on the playground? (CPSC 2.1.1, pg 5) Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36) Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5) Licensing Official Licensing Official