

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

| County_lowndes | | Date10-22-20 |
|---|------------------|--|
| Facility Name Coleman Headsta | art | License Number#2567 |
| Purpose Program re | enewal | Capacity |
| Onelli C. J. Jimes | 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 Cos N/A In Out Cos |
| Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager | | 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, |
| Waste water system approved and functioning Food service approved | | and functioning |
| Possible Monetary Penalty | | Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to |
| 1 | Ionetary Penalty | exceed 120° Children barred from kitchen Vending machine snacks meet |
| 3 | | nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good |
| 4 \$_ 5 \$_ | | Exits unobstructed |
| Age/Child/Staff Nan | ne | and thermometers placed properly and in good working order |
| 2. | | First aid kits stocked and easily accessible |
| 3. 4. | | Playground area clean, shaded, well drained and equipped and fence in good repair |
| 5. | | Playground equipment meets standards 💭 🗆 🗆 |
| | | Pool area clean, fenced, and adequately maintained |
| | | Diaper changing stations adequate in number and each fully supplied (number) |
| enter Director/Individual | | Child Care Representative Mary Hampton |

White Copy - Facility File

Yellow Copy - Facility Operato



Child Care Encounter

| District_ | 4 | Care Encounter | Date 10-22-20 |
|-----------|---|---|-------------------|
| | Coleman Head Start | License No. #2567 | Date |
| Name_ | | | |
| Address | 723 22nd St. North, Colur | er/Organization/Individual | \' I |
| Purpose | Program renewal | Geraldine R | RICN |
| Mileage | Start | Mileage End | |
| County | lowndes | Telephone No | |
| Time In | Time Out | Total Time | |
| inding | s/Comments | | |
| | Upon arrival licensure me Here to complete a progra All documents received for approved. | | 1 |
| | | complete the renewal proce layground has no violations f | |
| | Class I and II violations may Repeated violations may suspension or revocation | nay result in a monteary pen- result in the doubling of the of the license. | alty. penalty, |
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| Page | | of | |
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| Lago | - | ٠. | _ |



| Date |
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| Facility Name | License No | |
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| | | |
| enter Director/Designee/Individual | Child Care Representative | White Copy - Facility File Yellow Copy - Operator |



Child Care Program Review

| ility Na | ame _ | Col | eman Head Start | | _ License No | #2567 | _ Date _ | 10-22-20 |
|------------------------------|-------|----------|--|--------------|---------------------|--------------------|-------------|-----------|
| | | | | | | | | |
| Yes | No | N/A | | | | | | |
| | | | Policies and procedures (Pare | nt's Handl | ook) {Rule 1.4.1 | } | | |
| X | | | Proof of Accident/Liability Inst | urance or d | ocumentation tha | | otified tha | t no |
| | | | insurance is in effect {Rule 1.4 | .1 (i) & (j) | } | | | |
| . X | | | Approved arrival and departure | procedure | s {Rule 1.4.1 (2)] | } | | |
| . 🛛 | | | Letter of suitability for staff {R | | | f)} | | |
| . 🛛 | | | Attendance records for children | | | | | |
| . 😐 | | 冷 | Current alphabetical roster of o | | | | } | |
| . 🕱 | | | Current staff roster (includes d | • | | {Rule 1.6.3 (3)} | | |
| . 🕱 | | ā | Monthly records of fire/disaste | • | | (D. 1. 1. (2. (6)) | | |
| . 🗅 | | XI XI | Medication record with date, | | | | | |
| 0. | | | Immunization Records for Chi | | | | | |
| 1. X 2 2. • | | Ø | Personnel records (attach emp Volunteer records {Rule 1.6.5 o | | | 1.0.4} | | |
| 2. □ 3. ⊠ | 0 | | Children records (attach child | | , | 671 | | |
| 3. Æ. 4. □ | 0 | ğκ | | | | | | |
| 5. 🗖 | 0 | X | Communicable diseases repo | | | | | |
| 6. | ō | | Daily written reports provided | | | | | |
| 7. | ō | â | Staff present who hold valid | | | | | |
| 8. 🛣 | ā | ā | · · | | | | () ()) | |
| 9. 🔯 | | | Required toys present in infant | | | | | |
| O.XQ | | | Required toys present in toddle | | | | | |
| 1. 🔽 | | | Required toys present preschool | ol room {R | ule 1.10.1 (4)} | | | |
| 2. | | | Licensed pest control contractor | or {Rule 1. | 11.14} | | | |
| 23. 🗖 | | X | Pets present (proof of immuniz | ation as re | quired, signed by | veterinarian) {Rul | e 1.12.6} | |
| 4.1 | | | Appropriate discipline policy | followed | {Subchapter 14} | 4.5 | | |
| 25. 🕱 | | | Appropriate transportation | policy follo | wed {Subchapter | r 15} | | |
| 26. 💢 | | | Infant feeding schedules poste | d (Appendi | $(x C, VII) \times$ | | | |
| ~ | | ~ | 1-41 | | | | | |
| Comm | ient | s/Re | commendations | | | | | |
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| Pas | | 2 | | damat 🗖 | Dogwiete d | | | |
| | | to be | issued: 🗆 Regular 🗆 Probat | ionai 🗀 | Kestricted | _ | | . / |
| Fail | G. | | | | | m | ary of | Vampton |
| Fol | low-ı | ıp wit | hin days | | Designee | Child | Care Repre | sentative |
| | | | ☐ Directo | , u | coldinee | Chila | Care Repre | |



Corrective Action Required: Yes Corrections required by (Date) _



| Food B | Stablishment In | specti | on R | eport | tos Takes I the |
|--|---------------------------|--------|----------------------|--|---|
| Establishment Coleman Head Start | Protection from Con | | Time in | · (magniglanA | splay enti |
| Address 723 22nd St. North | City/State Columbus Ms | Zip | ings, first | Telephone | miset says em |
| License/Permit# | 4-56,7 4-90,7 (1,45) | 2 01 | nit Holde Ila Tay | | Risk Level 2 |
| Circle designated compliance status (IN, OUT, N/O, N//, IN = in compliance OUT = not in compliance N/O = not of the compliance of the comp | | E/4 | COS = co | Mark "X" in appropriate orrected on-site during inspec | box for COS and R ction 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.

| | | | | | Sales and |
|-----|------------------|--|-------------------------|-----------|-----------|
| | Compliance Statu | is the second se | COS | R | 100 |
| 1 | | Supervision | 105-6 | 1 | |
| 1 | XV OUT | Person in charge present, demonstrates knowledge, and performs duties | | nst. | |
| 2 | OUT N/A | Manager certification | HAVE ! | DUE | |
| | | Employee Health | Vieni | ma | |
| 3 | X OUT | Management awareness; policy present | Z | | |
| 4 | 7.2 | Proper use of reporting, restriction & exclusion | 7.12-5.1 | | |
| Ī | | Good Hygienic Practices | 7-102 | | |
| 5 | IN OUT NO | Proper eating, tasting, drinking, or tobacco use | (4-1 | | |
| 6 | IN OUT NO | No discharge from eyes, nose, and mouth | T ZIE | | 1 |
| | * 545 | Preventing Contamination by Hands | 7-202 | | |
| 7 | IN OUT NO | Hands clean and properly washed | 7.204 | | |
| 8 | IN OUT N/A N/O | No bare hand contact with ready-to-eat foods | 7-204 | | |
| 9 | 1NOUT | Adequate handwashing facilities supplied & accessible | 200 T | | |
| | | Approved Source | 7-208 | | ١ |
| 10 | TOUT | Food obtained from approved source | other 1 | | |
| 11 | IN OUT N/A NO | Food received at proper temperature | 7-207 | METHOD BY | |
| 12 | NYOUT | Food in good condition, safe, and unadulterated | 7.000 | | |
| 13 | IN OUT N/A N/X | Required records available: shellstock tags, parasite destruction | 7-209 | | |
| | | Protection from Contamination | némi | pini | |
| 14 | NYOUT N/A | Food separated and protected | 3-502 | | |
| 15 | OUT N/A | Food - contact surfaces: cleaned & sanitized | 3-404 | | l |
| | Oglich - J | DAM DIS SOFT AND RUN IN THE SOFT SOFT SOFT SOFT SOFT SOFT SOFT SOFT | 8-103 | | ١ |
| | | | | | ١ |
| 16 | ı) X 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 | Service and adversarial | | |
| 8 | IN OUT N/A N/O | Proper reheating procedures for hot holding | | | |
| 201 | NOUT N/A N/O | Proper cooling time and temperature | | | |
| 20 | IN OUT N/A N/Q/ | Proper hot holding temperatures | | | |
| - | N OUT N/A | Proper cold holding temperatures | | | |
| 4 | VI OUT N/A N/O | Proper date marking and disposition | | | |
| | X | Time as a public health control: procedure & records | | 1111 | ı |

| | Compliance Status | | | | R |
|--------|-------------------|------------------|--|------------------------------|----|
| | | and a section of | Consumer Advisory | 10 -0 10 a | _ |
| 24. | N OUT | N/A | Consumer advisory provided for raw or undercooked foods | | |
| 510 | | | Highly Susceptible Populations | DAADJE | G, |
| 25 | X OUT | N/A | Pasteurized foods used; prohibited foods not offered | 3 | |
| 1 | | | Chemical | ye e | |
| 26 | NOUT | N/A | Food additives: approved and properly used | 10 10 | |
| 27 | NOUT | | Toxic substances properly identified, stored, used | | |
| | × | | Conformance with Approved Procedures | 75 | |
| 28 | IN OUT | Ŋ X | Compliance with variance, specialized process, and HACCP plan | 3-20 | |
| 29 | IN OUT | NA | Risk control plan as required | 型 5 | 13 |
| | - | | Other Critical Factors | | |
| or the | | THU | ntative measures to control the introduction nogens, chemicals and physical objects ods. | 10 K 12 G 74-6 74-6 | |
| 30 | X OUT | | Water and ice from approved source | | |
| 31 | IXOUT | SILVE . | Insects, rodents, and animals not present | 19-E | |
| 32 | X OUT | N/A | Hot and cold water available; adequate pressure | JE-6 | |
| 33 |)X(OUT | N/A | Plumbing installed; proper backflow devices | | |
| 34 | NOUT | N/A | Sewage and waste water properly disposed | | |
| 35 | OUT | | Toilet facilities: properly constructed, supplied | | |
| | | | | | |

| Date 10-22-20 | mperature : | al Cooking Tal | |
|-------------------------|-------------|----------------|---------|
| Person in Charge (Signa | ature) | 200.00 01 1 | 01 4100 |
| Inspector (Signature) | Mary 9 | Vampton | d Trees |

Food Service Facility Inspection Results

| PIMS ID | Facility Name, Address Coleman Head Start | Date |
|---------|---|----------|
| | 723 22nd St. North. Columbus Ms | 10-22-20 |

| CRITICAL VIO | LATIONS | CORRECTION PLAN | N AND SCHEDULE |
|--|--|--|----------------|
| No Violations duri this site visit | ng | | |
| A | | | |
| | | Ella Taylor | Serv Safe |
| ☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection | ⇒92010 Permit No Charge 92015 Permit 1 \$30.00 92011 Permit 2 \$100.00 92012 Permit 3 \$150.00 92013 Permit 4 \$200.00 | Certified Manager Facility Signature | Licence Number |
| ☐ 92090 Restaurant Training | | | |
| Permit Date | Environmentalist Code MH4 | Environmentalist Signature White Copy - Facility | y Hampton |
| Please Remit within 10 days to: | | White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist | |

Child Care Licensure Playground Checklist

| Center Name | | Coler | man Head Start Inspection Date 10-22-20 | |
|--|----------------|-------------|---|---|
| YES \(\text{\\cett}\)}}}\end{\(\text{\(\text{\exitings}}}\end{\(\text{\\cett}\exitingset\exiting \exiting \exitin | NO | N/A | 1. | Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60) |
| × | | | 2. | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60) |
| X | | | 3. | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3) |
| | Π. | × | 4. | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59) |
| × | □ [`] | . 🗆 | 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) |
| × | | | 6. | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46) |
| | | 凶 | 7. | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17) |
| × | | | 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) |
| | | X | 9. | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16) |
| X | | | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41) |
| × | | | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 14) |
| × | | | 12. | 2.5.2. pg 1 & 5.3.8.1. pg 37) If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35) |
| \mathbb{R} | | | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37) |
| × | | | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1 10.2, pg 46 & CPSC 2.2.6, pg 6) |
| \Rightarrow | | | 15. | Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 61) |
| × | | | 16. | Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5) |
| × | | | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17) |
| | | \boxtimes | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15) |
| Direc | tor _ | | | Licensing Official Mary Hampton |

DISTRICT IV CHILD CARE WURKSHEET

| DATE: | FACILITY: |
|--|--|
| CHILDREN WITH NO 121 (may not | CHILDREN WITH SHOTS DUF |
| return until valid 121 on file at facility) | (updated 121 due within 14 days) |
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| STAFF WITH NO 121 (may not return | STAFF WITH SHOTS DUE (updated 121 |
| until valid 121 on file at facility) | due within 14 days) |
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| | |
| STAFF WITH NO LETTER OF | ** Staff without a valid LOS on file may not |
| SUITABILITY (LOS) | be left alone with children! ** |
| | |
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| | |
| PLEASE SEND A COPY OF 121'S WIT | H IN 14 WORKING DAYS OF THIS |
| INSPECTION DATE (Date listed at the | |
| | • |
| PLEASE SEND A COPY OF LETTER OF DAYS OF THIS INSPECTION DATE (DE | |
| SALE OF THIS HIS ECTION DATE (DA | are noted at the top of form) |
| CHILD CARE DIRECTOR | |
| CHILD CARE REPRESENTATIVE | |