





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 4Date 10-22-20

Name Coleman Head Start License No. #2567  
 Address 723 22nd St. North, Columbus Ms  
*Center/Organization/Individual* Geraldine Rich  
 Purpose Program renewal Director \_\_\_\_\_  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County lowndes Telephone No. \_\_\_\_\_  
 Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments

Upon arrival licensure met with the director.

Here to complete a program renewal.

All documents received for virtual inspection has been approved.

All documents needed to complete the renewal process.

Kitchen received an A. Playground has no violations for this site visit.

Class I and II violations may result in a monetary penalty.

Repeated violations may result in the doubling of the penalty, suspension or revocation of the license.

Center Director/Designee/Individual

*Mary Hampton*  
 Child Care Representative

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 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date \_\_\_\_\_

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

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Center Director/Designee/Individual \_\_\_\_\_ Child Care Representative \_\_\_\_\_

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Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Coleman Head Start License No. #2567 Date 10-22-20

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {Rule 1.4.1}   |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}  |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}   |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}  |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1}   |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3}  |
| 16. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}  |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in toddler room {Rule 1.10.1 (3)}  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present preschool room {Rule 1.10.1 (4)}   |
| 22. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}  |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate discipline policy followed {Subchapter 14}   |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate transportation policy followed {Subchapter 15}   |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Infant feeding schedules posted ( <i>Appendix C, VII</i> ) <input checked="" type="checkbox"/>   |

Comments/Recommendations \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

- ☒ Pass –  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☐ Director ☐ Designee

*Mary Hampton*  
 Child Care Representative







## Food Establishment Inspection Report

Establishment Coleman Head Start		Time in	
Address 723 22nd St. North	City/State Columbus Ms	Zip	Telephone
License/Permit#	Permit Holder Ella Taylor	Risk Level 2	

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection 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.

Compliance Status	COS	R
<b>Supervision</b>		
1 <del>IN</del> OUT		
Person in charge present, demonstrates knowledge, and performs duties		
2 <del>IN</del> OUT N/A		
Manager certification		
<b>Employee Health</b>		
3 <del>IN</del> OUT		
Management awareness; policy present		
4 <del>IN</del> OUT		
Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>		
5 IN OUT <del>N/O</del>		
Proper eating, tasting, drinking, or tobacco use		
6 IN OUT <del>N/O</del>		
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
7 IN OUT <del>N/O</del>		
Hands clean and properly washed		
8 IN OUT N/A <del>N/O</del>		
No bare hand contact with ready-to-eat foods		
9 <del>IN</del> OUT		
Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>		
10 <del>IN</del> OUT		
Food obtained from approved source		
11 IN OUT N/A <del>N/O</del>		
Food received at proper temperature		
12 <del>IN</del> OUT		
Food in good condition, safe, and unadulterated		
13 IN OUT N/A <del>N/O</del>		
Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>		
14 <del>IN</del> OUT N/A		
Food separated and protected		
15 <del>IN</del> OUT N/A		
Food - contact surfaces: cleaned & sanitized		
16 <del>IN</del> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Potentially Hazardous Food (TCS food)</b>		
17 IN OUT N/A <del>N/O</del>		
Proper cooking time and temperatures		
18 IN OUT <del>N/A</del> N/O		
Proper reheating procedures for hot holding		
19 <del>IN</del> OUT N/A N/O		
Proper cooling time and temperature		
20 IN OUT N/A <del>N/O</del>		
Proper hot holding temperatures		
21 <del>IN</del> OUT N/A		
Proper cold holding temperatures		
22 <del>IN</del> OUT N/A N/O		
Proper date marking and disposition		
23 <del>IN</del> OUT N/A N/O		
Time as a public health control: procedure & records		

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 <del>IN</del> OUT N/A		
Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
25 <del>IN</del> OUT N/A		
Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>		
26 <del>IN</del> OUT N/A		
Food additives: approved and properly used		
27 <del>IN</del> OUT		
Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>		
28 IN OUT <del>N/A</del>		
Compliance with variance, specialized process, and HACCP plan		
29 IN OUT <del>N/A</del>		
Risk control plan as required		
<b>Other Critical Factors</b>		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 <del>IN</del> OUT		
Water and ice from approved source		
31 <del>IN</del> OUT		
Insects, rodents, and animals not present		
32 <del>IN</del> OUT N/A		
Hot and cold water available; adequate pressure		
33 <del>IN</del> OUT N/A		
Plumbing installed; proper backflow devices		
34 <del>IN</del> OUT N/A		
Sewage and waste water properly disposed		
35 <del>IN</del> OUT		
Toilet facilities: properly constructed, supplied		
36 <del>IN</del> OUT N/A <del>X</del>		
Permit/Last inspection posted		

Date 10-22-20

Person in Charge (Signature)

Inspector (Signature)

Mary Hampton

# Food Service Facility Inspection Results

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

## CORRECTION PLAN AND SCHEDULE

No Violations during  
this site visit

A

<input type="checkbox"/> 92020 Scheduled	<input checked="" type="checkbox"/> 92010 Permit No Charge
<input type="checkbox"/> 92030 Followup	<input type="checkbox"/> 92015 Permit 1 \$30.00
<input type="checkbox"/> 92040 Complaint	<input type="checkbox"/> 92011 Permit 2 \$100.00
<input type="checkbox"/> 92050 Consultation	<input type="checkbox"/> 92012 Permit 3 \$150.00
<input type="checkbox"/> 92070 Plan Review/Const.	<input type="checkbox"/> 92013 Permit 4 \$200.00
<input type="checkbox"/> 92080 No Inspection	
<input type="checkbox"/> 92090 Restaurant Training	

Permit Date	Environmentalism Code MH4
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Please Remit within 10 days to:

Ella Taylor  
Certified Manager

Serv Safe  
Licence Number

Facility Signature
Environmentalism Signature <i>Mary Hampton</i>

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



# Child Care Licensure Playground Checklist

Center Name Coleman Head Start

Inspection Date 10-22-20

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
- ☐ ☐ ☒ 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)
- ☐ ☐ ☒ 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)
- ☐ ☐ ☒ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 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, 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 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)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director \_\_\_\_\_ Licensing Official \_\_\_\_\_

*Mary Hampton*

