



Child Care Encounter

District 5

Date 6.1.2021

Name	License No. <u>#1048</u>
Address	Center/Organization/Individual <u>Charlotte Johnson</u>
Purpose	<u>Mid-year Inspection / FA</u>
Mileage Start	Mileage End
County	Telephone No.
Time In <u>7:25 a.m.</u>	Time Out <u>8:55 a.m.</u>
Total Time	

Findings/Comments Upon arrival the LOC(s) met with the designee Tristian Thomas.

The purpose of this visit is to conduct mid-year inspection / re-measurement of classrooms, and to provide technical assistance.

** Facility capacity is 174, but facility wants to remain at 150 due to low enrollment.

No violation observed on today's visit.

Happy Summer!

LOC(s) left a green survey card w/ the designee Tristian Thomas

Tristian Thomas
Center Director/Designee/Individual

Azelda Eeels
Child Care Representative
Terrell Thomas

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hinds Date 6.1.2021
Facility Name Mid-year Inspection / FA License Number #1048
Purpose Mid-year Inspection / FA Capacity 150

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 checked="" type="checkbox"/>
Proper staff to child ratio present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	<u>NO children @ facility</u>
2.	
3.	
4.	
5.	
6.	
7.	

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 checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual Tasha Thorne

Child Care Representative Azelda Garcia
Tasha Thorne

Food Service Facility Inspection Results

MID-TOWN HEAD START CENTER
134 E FORTIFICATION ST
Jackson, MS 39202
Lic. 25CEIH-1048 P. 601-353-6311

PIMS ID

#1048

Facility Name,

134 E FORTIFICATION ST

Jackson, MS 39202

Lic. 25CEIH-1048 P. 601-353-6311

Date

06.1.2021

CRITICAL VIOLATIONS

Observed no critical
Violation on today's
Visit.

ON PLAN AND SCHEDULE

A

☒ 92020 Scheduled

☐ 92030 Followup

☐ 92040 Complaint

☐ 92050 Consultation

☐ 92070 Plan Review/Const.

☐ 92080 No Inspection

☐ 92090 Restaurant Training

☐ 92010 Permit No Charge

☐ 92015 Permit 1 \$30.00

☐ 92011 Permit 2 \$100.00

☐ 92012 Permit 3 \$150.00

☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

TG5

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature

Environmental Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmental

MID-TOWN HEAD START CENTER
134 E FORTIFICATION ST
Jackson, MS 39202
Lic. 25CEIH-1048 P. 601-353-6311

Playground Checklist

Inspection Date 6.1.2021

Center Name _____

YES NO N/A

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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, 2.5.2, pg 1 & 5.3.8.1, pg 37)

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 Tina Turner

Licensing Official Azela Ellis

Norma