



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Pontotoc Date 2-19-20

Facility Name Pontotoc Head Start License Number 5806

Purpose PR Capacity 78

**All Items In Red Are Critical**

Qualified director present Letisha King ☒ In ☐ Out ☐ COS ☐ N/A ☐

Proper staff to child ratio present ☒ In ☐ Out ☐ COS ☐ N/A ☐

Room and playground capacity met ☒ In ☐ Out ☐ COS ☐ N/A ☐

Center capacity met ☒ In ☐ Out ☐ COS ☐ N/A ☐

License/complaint visible ☒ In ☐ Out ☐ COS ☐ N/A ☐

Certified food manager ☒ In ☐ Out ☐ COS ☐ N/A ☐

**Sanitation Approved**

Garbage and garbage bins maintained ☒ In ☐ Out ☐ COS ☐ N/A ☐

Vector control maintained ☒ In ☐ Out ☐ COS ☐ N/A ☐

Water system approved and functioning ☒ In ☐ Out ☐ COS ☐ N/A ☐

Waste water system approved and functioning ☒ In ☐ Out ☐ COS ☐ N/A ☐

Food service approved ☒ In ☐ Out ☐ COS ☐ N/A ☐

**Possible Monetary Penalty**

1. \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

	Age/Child/Staff Name
1.	3, 13, Caregiver 1-2
2.	3, 12, Caregivers 3-4
3.	4, 10, Caregivers 5
4.	3, 10, Caregivers 6-7
5.	
6.	
7.	

**Other Items - Must be corrected**

Children's belongings separated/stored ☒ In ☐ Out ☐ COS ☐ N/A ☐

Evacuation plans posted ☒ In ☐ Out ☐ COS ☐ N/A ☐

Menus posted and served ☒ In ☐ Out ☐ COS ☐ N/A ☐

Plan of activities ☒ In ☐ Out ☐ COS ☐ N/A ☐

**Building and Grounds**

Walls, ceilings, floors, toys, equipment clean and in good repair ☒ In ☐ Out ☐ COS ☐ N/A ☐

Lighting approved ☒ In ☐ Out ☐ COS ☐ N/A ☐

Heating/cooling approved ☒ In ☐ Out ☐ COS ☐ N/A ☐

Ventilation adequate ☒ In ☐ Out ☐ COS ☐ N/A ☐

Glass approved and shielded ☒ In ☐ Out ☐ COS ☐ N/A ☐

Telephone on premises, available, and functioning ☒ In ☐ Out ☐ COS ☐ N/A ☐

Electrical outlets protected ☒ In ☐ Out ☐ COS ☐ N/A ☐

Large appliances located properly ☒ In ☐ Out ☐ COS ☐ N/A ☐

Sinks and toilets working properly ☒ In ☐ Out ☐ COS ☐ N/A ☐

Hot water at all sinks, not to exceed 120° ☒ In ☐ Out ☐ COS ☐ N/A ☐

Children barred from kitchen ☒ In ☐ Out ☐ COS ☐ N/A ☐

Vending machine snacks meet nutritional guidelines, if present ☐ In ☐ Out ☐ COS ☐ N/A ☒

Exits, doors and fastening devices single action approved and in good working order ☒ In ☐ Out ☐ COS ☐ N/A ☐

Exits unobstructed ☒ In ☐ Out ☐ COS ☐ N/A ☐

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order ☒ In ☐ Out ☐ COS ☐ N/A ☐

First aid kits stocked and easily accessible ☒ In ☐ Out ☐ COS ☐ N/A ☐

Playground area clean, shaded, well drained and equipped and fence in good repair ☐ In ☐ Out ☐ COS ☐ N/A ☒

not inspected

Playground equipment meets standards ☐ In ☐ Out ☐ COS ☐ N/A ☒

not inspected

Pool area clean, fenced, and adequately maintained ☐ In ☐ Out ☐ COS ☐ N/A ☒

Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_) ☐ In ☐ Out ☐ COS ☐ N/A ☒

Center Director/Individual Letisha KingChild Care Representative Jana Pruitt





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 2-19-20

Name Pontotoc Head Start License No. 5806  
 Address 341 Ridge Dr. Pontotoc, MS 38863  
 Center/Organization/Individual  
 Purpose PR Director Beth Benjamin  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Pontotoc Telephone No. \_\_\_\_\_  
 Time In 1:00 Time Out 2:30 Total Time \_\_\_\_\_

Findings/Comments Here to conduct a program renewal inspection.  
Application and fee must be submitted online at  
www.healthyms.com. Fire form and menus can be sent  
to the licensing at Shenika.Pratt@msdh.ms.gov. Upon arrival the  
licensing met with designee, Letisha King.

All contact hours are due by April 15, 2020 at noon.  
Please submit a copy of staff roster along with a  
copy of each earned certificate to: Shenika Pratt  
P.O. Box 1148  
Pontotoc, MS 38863

- Staff LOS's and 121's in compliance
- Children 121's in compliance
- Kitchen rec'd an A; No critical violations
- Playground not inspected due to inclement weather
- Facility will pass to a regular license

Questionnaire provided to the designee, Letisha King.

Facility well organized and structured.

Letisha King  
 Center Director/Designee/Individual

Shenika Pratt  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Pontotoc HS License No. 5806 Date 2-19-20

- |     | Yes                                 | No                       | N/A                                 |                                                                                                                                            |
|-----|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (Parent's Handbook)</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 type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}                                                                                 |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}                                                          |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster (includes date of birth & date of hire) {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"/> | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}                                                           |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}                                                                               |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Personnel records (attach employee's records form)</b> {Rule 1.6.4}                                                                     |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Volunteer records {Rule 1.6.5 & Rule 1.6.6}                                                                                                |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Children records (attach children's records form)</b> {Rule 1.6.7}                                                                      |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}                                                                        |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Communicable diseases reported as required</b> {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"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14}                                                                                            |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}                                                     |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}                                                                              |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}                                                                          |
| 26. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII)                                                                                          |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

☐ Director ☒ Designee

Ganay Pratt  
 Child Care Representative



# Food Service Facility Inspection Results

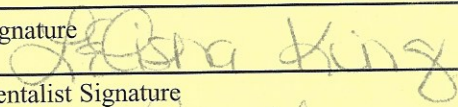
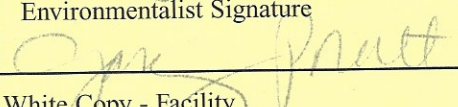
PIMS ID 5806	Facility Name, Address Pamela's Head Start 341 Ridge Dr. Pontotoc, MS	Date 2-19-20
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>-NO Critical violations on today's visit.</p>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input checked="" type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmentalism Code SP2
Please Remit within 10 days to:	

Blaine Alknight Certified Manager	5806 Licence Number
Facility Signature 	
Environmentalist Signature 	
White Copy - Facility Yellow Copy - PIMS Pink Copy - Environmentalist	

# Child Care Licensure Playground Checklist

Center Name

Pontotoc Head Start

Inspection Date

2-19-20

YES NO N/A

- ☐ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☐ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☐ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
- ☐ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☐ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☐ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☐ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☐ ☐ ☐ 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 47)
- ☐ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☐ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☐ ☐ ☐ 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg13)
- ☐ ☐ ☐ 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, pg 15)
- ☐ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)
- ☐ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)
- ☐ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☐ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☐ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Deisha King

Licensing Official

Jane Pratt

\* Due to inclement weather the playground was not inspected. (raining)