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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County: Hinds Date: 12.2.20

Facility Name: License Number:

Purpose: Renewal Inspection / FA Capacity: 150

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	✓			
Proper staff to child ratio present				✓
Room and playground capacity met				✓
Center capacity met				✓
License/complaint visible	✓			
Certified food manager		✓		

Sanitation Approved				
Garbage and garbage bins maintained	✓			
Vector control maintained	✓			
Water system approved and functioning	✓			
Waste water system approved and functioning	✓			
Food service approved	✓			

Possible Monetary Penalty

	Monetary Penalty
1.	$
2.	$
3.	$
4.	$
5.	$

	Age/Child/Staff Name	
1.	Class C: 0	2 CG
2.	Class B: 0	2 CG
3.	Class A: 0	2 CG
4.	Class E: 0	1 CG
5.	Class F: 0	2 CG
6.	Class G: 0	1 CG
7.	Class H: 0	2 CG

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored				✓
Evacuation plans posted	✓			
Menus posted and served	✓			
Plan of activities	✓			
Building and Grounds				
Walls, ceilings, floors, toys, equipment clean and in good repair	✓			
Lighting approved	✓			
Heating/cooling approved	✓			
Ventilation adequate	✓			
Glass approved and shielded	✓			
Telephone on premises, available, and functioning	✓			
Electrical outlets protected	✓			
Large appliances located properly	✓			
Sinks and toilets working properly	✓			
Hot water at all sinks, not to exceed 120°	✓			
Children barred from kitchen	✓			
Vending machine snacks meet nutritional guidelines, if present				✓
Exits, doors and fastening devices single action approved and in good working order	✓			
Exits unobstructed	✓			
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	✓			
First aid kits stocked and easily accessible	✓			
Playground area clean, shaded, well drained and equipped and fence in good repair	✓			
Playground equipment meets standards	✓			
Pool area clean, fenced, and adequately maintained				✓
Diaper changing stations adequate in number and each fully supplied (number 0)				✓

Center Director/Individual: Charlotte Hudson Child Care Representative: Azalia Ellis

White Copy - Facility File *Yellow Copy - Facility Operator*

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Director: Charlotte Johnson

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Date 12.2.20

Name _____ License No. _____

Address _____ Center/Organization/Individual

Purpose Renewal · Inspection / TA Director _____

Mileage Start — Mileage End —

County Hinds Telephone No. _____

Time In 7:00 am Time Out 9:35 a.m. Total Time _____

Findings/Comments upon arrival the LO. met w/ director Charlotte Johnson.

The purpose of this visit to conduct renewal inspection and to provide Technical assistance. Subchapter: 13 Food Safety and Food Manager Rule 1.13.6(2) Each child care facility must have a certified Food Manager meeting the standards set forth in (Rule 1.2.2(1)g)
Findings: Based on observations during record and review of facility files. The facility failed to maintain a valid food manager on file at facility. TA. was provided w/ facility having a valid food manager certification on file at the facility. And to always monitor files to stay abreast on when the following is expiring. (P.O.C.) The provider stated they have taken online modules for Tummy Safe, LO. receive certificates dated: (3.27.20) but due the COVID pandemic the in person training/Tummy Safe Exam was schedule in March, reschedule for April but eventually canceled, by MS State University Extension, due to health concerns surrounding COVID-19. Facility is now in the process →

P.O.C
1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence?3. What is the date of completion?

LO- Licensing Official
COS-Corrected on Site
TA-Technical Assistance
POC-Plan of Correction
LOS-Letter of Suitability

LO. left green survey card w/ the director Charlotte Johnson.

Charlotte Johnson
Center Director/Designee/Individual

Azelda Ellis
Child Care Representative

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Yellow Copy - Operator

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 12·2·20

Facility Name License No.

of working to have the provider(s) to schedule to take the Tummy Safe examination. Completion dated: within the next 30 days.

once completed and received please send a copy of your updated Food Manager Certificate to the LO.

Facility received a grade letter (B) on today's visit.
LO. observed the following during today's inspection:
All Classrooms / See forms #281/289
Playground / see Playground checklist

Director stated classroom (D) is not being utilize or occupied by the children, it will be used for the Family Resource Room & Providers.

Thanks for all you are doing for the children / families in Mississippi.

Have a safe Merry Christmas.

LO. observed no children agency is providing virtual learning only right now.

Reminders:
Helpful Hints:
Renewal Process see form:
#289

Class I II violations may result in a monetary penalty.
Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

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Charlotte Johnson
Center Director/Designee/Individual

Azelda Green
Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 12.2.20

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

Comments/Recommendations _____

Items needed to be submitted to your licensing official to complete your renewal process:
-4 or 6 weeks menus approved
-Fire form, zoning letter (Hinds County Only)
-Contact hours
-Catering Contract (If Applicable) NA

Go online to www.healthyms.com to complete your online application and pay fees and print your license on or before Jan 29, 2021, to avoid late fees and reinstatement fees.

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

Charlotte Johnson
☐ Director ☐ Designee

Azelda Ecio
Child Care Representative

Food Service Facility Inspection Results

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PIMS ID	Facility Na		Date
			12.2.20

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
#Manager Certification Expired (11.12.20)	→ facility was unable to correct on site. → The provider(s) has completed the online modules certificate(s) dated (3.27.20) → The agency is in the process of working on to have provider(s) schedule to take the Tummy Safe examination. → once received please send the L.O. a copy of the updated food manager certificate. TA. was provided W/ director to monitor / to stay a breast W/ files before expiring. (B)

☐ 92020 Scheduled	☑ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmentalist Code

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature: Charlotte Johnson

Environmentalist Signature: Azelda Ellis

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

Child Care Licensure Playground Checklist

Center Name MID-TOWN HEAD START CENTER
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Inspection Date 12-2-20

YES	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)*
☑	☐	☐	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 *(CPSC5.3.6.4-5 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 Charlotte Johnson Licensing Official Azelda Green