



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County BOLIVAR Date 01-27-2020

Facility Name BOLIVAR CO. HS Cleverland #3 License Number 06CDTH-2747

Purpose Renewal HA Capacity 91

## 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 type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.	3-4 years (6) 2 caregivers
2.	
3.	3-4 years (10) 2 caregivers
4.	
5.	4-5 years (5) 1 caregiver
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 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 <u>8</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	-------------------------------------

Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District

3

Date

1-27-2020

Name

Bolivar CO. HeadStart Cleveland #3

License No.

06C.D.H. 2747

Address

1408 Hwy 9, Cleveland MS 38732

Center/Organization/Individual

Purpose

Renewal / TA

Director

Patricia Norquist

Mileage Start

Mileage End

County

Bolivar

Telephone No.

(662) 846-2575

Time In

2:39 pm

Time Out

3:42 pm

Total Time

Findings/Comments

The purpose for visit is for a renewal inspection. Licensing met with Crystal Story, designee who assisted. MS. LAMAR THOMPSON later arrived to assist.

Subchapter 6: Records

Rule 1.6.3.(8) states in part, each facility shall maintain a notebook containing copies of the MSDH Certificate of Immunization Compliance for both staff and children.

Findings: Licensing observed (1) staff and (9) children with missing MSDH 121 forms. Facility is asked to submit MSDH 121 within 14 days to (662) 867-4999. ATTN: DANA JONES. (Child MSDH 121 was collected)

Plan of correction: Per Pamela Craft Wright she will submit the MSDH 121 forms within the allotted time frame. She will make sure that the immunizations are checked regularly to make sure the violation does not happen again. (All was observed collected)

Licensing rec'd updated CPR + 1st Aid info, fire form #333, and two wheel cycle menus.

Technical Assistance was provided on how to update children's roster. CLASS I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a fine, suspension, or revocation of the license.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Bolivar Co. HS Cleveland #3 License No. 2717 Date 1-17-2020

- | Yes                                 | No                                  | N/A                                 |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Policies and procedures (Parent's Handbook) {Rule 1.4.1}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 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)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Attendance records for children and staff {Rule 1.6.3 (1)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 6. Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 7. Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 10. Immunization Records for Children and Staff {Rule 1.6.3 (8)} <i>see form # 297</i>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 11. Personnel records (attach employee's records form) {Rule 1.6.4}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 13. Children records (attach children's records form) {Rule 1.6.7}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14. Reports of serious occurrences made as required {Rule 1.7.1}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 15. Communicable diseases reported as required {Rule 1.7.3}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 17. Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Age appropriate program of activities posted in each room {Subchapter 9}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 19. Required toys present in infant room {Rule 1.10.1 (2)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 20. Required toys present in toddler room {Rule 1.10.1 (3)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 21. Required toys present preschool room {Rule 1.10.1 (4)}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 22. Licensed pest control contractor {Rule 1.11.14}   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 23. Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 24. Appropriate discipline policy followed {Subchapter 14}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 25. Appropriate transportation policy followed {Subchapter 15}  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 26. Infant feeding schedules posted (Appendix C, VII)   |

## Comments/Recommendations

*9/14 MSDH 121 form for staff & child to (see) 807-4999, ATTN: DANA Jones child MSDH 121 COS (collected) Adult MSDH 121 form was also collected.*

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

*[Signature]*  
☐ Director ☒ Designee

*[Signature]*  
 Child Care Representative



# Food Service Facility Inspection Results

PIMS ID <b>2747</b>	Facility Name, Address <b>1408 Hwy 8 Cleveland MS 37032</b> <b>BD/INAR CO. Hendrix Act - Cleveland #3</b>	Date <b>1-27-2020</b>
------------------------	---	--------------------------

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

**No critical violations observed**

**Met compliance**

**Facility rec'd a "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  
**DT3**

Please Remit within 10 days to:

**Sherryette Jones**

Certified Manager

**Seena K**

Licence Number

**Exp: 2/11/2020**

Facility Signature

Environmental Signature

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

# Child Care Licensure Playground Checklist

Center Name

Bolivar CD #11 - Cleveland #3

Inspection Date

01-27-2020

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

*[Signature]*

Licensing Official

*[Signature]*