



June 26, 2020

Dear Child Care Provider:

Our nation and state are facing unprecedented times. Mississippi State Department of Health is mandated to carry out the duties, responsibilities, and functions of monitoring early child care and education programs even during a public health emergency.

Typically, conducting on-site inspections would be the best way to support child care programs in improving quality and practices, and to identify and prevent the occurrence of non-compliant conditions that would cause health and safety issues for the children that they serve. To minimize unnecessary contacts as a preventive measure of the spread of the virus to staff, children, and families, ***Child Care Licensure is temporarily implementing Virtual Renewal Inspections.***

Virtual inspection visits will begin June 26, 2020, and continue until all renewals missed between March 1, 2020, and June 30, 2020, have been completed in the state of Mississippi. To initiate this process, licensing officials will begin communicating with providers to provide information regarding documents that will need to be reviewed, documents that need to be submitted, and to schedule a zoom meeting and answer any questions or concerns providers may have.

Once your virtual renewal inspection is complete, you will sign and send back the attached acknowledgment form certifying that you completed your virtual inspection to the best of your ability.

We thank you for your cooperation as we navigate through this global health emergency and appreciate all that you are doing to serve and keep Mississippi's children safe during this time!

Stay safe and well,

Tabitha Bynum, Interim Director
Bureau of Child Care Facilities Licensure

CC: Licensure

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Lela Carter (name), serve in the capacity of owner, director, or director designee of Exhibit Hall Head Start (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date, and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Lela Carter
Director Signature

9/29/2020
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County NeshobaDate 9-16-20Facility Name Exhibit Hall Head StartLicense Number 0972Purpose RenewalCapacity 285**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

	In	Out	COS	N/A
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.	
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 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

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual _____

Child Care Representative _____

Mike Bray



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Exhibit Hall Head Start License No. 0972 Date 9-16-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {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 (<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 & 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {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"/>	Personnel records (<i>attach employee's records form</i>) {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"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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>)

Comments/Recommendations _____

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

☐ Director ☐ Designee

M. B. Brown
 Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 9-16-20

Name <u>Exhibit Hall Headstart Center</u>	License No. <u>50CF11E-0972</u>
Address <u>234 Carver Ave Philadelphia, MS 39350</u> Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Carol Carter</u>
Mileage Start _____	Mileage End _____
County <u>Neshoba</u>	Telephone No. <u>601-504-1059</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments Subchapter 11: Buildings and Grounds
Deficiency: Rule 1.11.9 All licensed Child Care Facilities are
requested to have an adequate out door play ground area.
All play grounds and play ground equipment intended for
use by children 2-12 of age shall meet standards. Set
fourth in Appendix D: Play ground Safety Standards.

Findings: The following violation were observed on the
 play ground inadequate surfacing around all play ground
 equipment on the preschool classroom.

Technical Assistance was provided on Appendix D and
 rule 1.11.9 pertaining to out door play area maintenance.

P.O.C.

The director/owner will be responsible for ensuring all
 violations listed in the findings are corrected. The director will
 develop a maintenance policy to prevent the violation from
 reoccurring. Staff will be reviewed on all maintenance
 for play area to ensure compliance. This will be completed by
 October 23, 2020.

Center Director/Designee/Individual

Mir. Brown
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 9-16-20Facility Name Exhibit Hall

License No. _____

Rule 1.11.8 Heating, cooling and Ventilation:

6. When air conditioning is needed, draft-free cooling units shall be used. They shall present no safety hazards to the children. ~~Plus~~

Finding: during the facility review and air condition unit was found not working.

T.A. was provided on repairing the air condition unit

P.O.C.

The director / owner will be responsible for ensuring all violations listed in findings are corrected. The director will develop a maintenance policy to prevent the violation from reoccurring. ^{Maintenance} Staff will be reviewed on all maintenance policies to ensure compliance. This will be completed by October 23, 2020.

T.A. was provided on Subchapter 13: Nutrition and meals rule 1.13.2 Nutritional prescribed in Appendix "C" minimum standards for nutritional care in child care facilities.

Please send the following items: A written plan on how the food will be delivered need to be provided to the licensing official. During the midyear or renewal inspection the licensing official will be looking for a daily logs of temperatures being kept during virtual learning.

- A daily temperature log should be kept of food temperatures
- Food temperatures should be checked twice during delivery
- Please tell what type of containers are being used in your written plan
- Please submit 2 weeks for menus that will be used during virtual learning.

White Copy - Facility File
Yellow Copy - Operator

Center Director/Designee/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 9-16-20Facility Name Exhibit Hall Head Start Center License No. 0972

- All cold food should be kept at temperatures at 40 degrees
- All hot foods should be kept a minimum of 135-140 degrees
- How long does it take to deliver the food should be in the written plan
- How often the food is being delivered weekly should be in the written plan.
- How the food is being delivered to the children should be included in the plan

Please submit your menu, fire form, fire disaster drills and removal waiver.

Center Director/Designee/IndividualM. B. B. B.
Child Care RepresentativeWhite Copy - Facility File
Yellow Copy - Operator

Child Care Licensure Playground Checklist

Center Name Exhibit HCO Head

Inspection Date 9-16-20

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 111.9 (8) pg 48) In good repair with no gaps? (Rule 111.9 (8) pg 48)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 111.9 (8) pg 48)
- ☐ ☒ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2 pg 8)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 111.9 (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 110.2 (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 111.9 (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 pg 13)
- ☐ ☒ ☐ 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 110.2, pg 36)
- ☐ ☒ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency
(Rule 111.11 (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 110.2 (2) pg 36)
- ☐ ☐ ☒ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director _____

Licensing Official _____

Mir. Buren

Corrective Action Required: Yes No
 Corrections required by (Date) _____

A

Food Establishment Inspection Report

Establishment Exhibit Hall Head Start Center		Time in	
Address 234 Carver Ave.	City/State Philadelphia ms	Zip 39350	Telephone 601-656-4731
License/Permit# 0972		Permit Holder Ruth Whittington	Risk Level II
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
Supervision			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Manager certification	
Employee Health			
3	IN OUT	Management awareness; policy present	
4	IN OUT	Proper use of reporting, restriction & exclusion	
Good Hygienic Practices			
5	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
6	IN OUT N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
7	IN OUT N/O	Hands clean and properly washed	
8	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods	
9	IN OUT	Adequate handwashing facilities supplied & accessible	
Approved Source			
10	IN OUT	Food obtained from approved source	
11	IN OUT N/A N/O	Food received at proper temperature	
12	IN OUT	Food in good condition, safe, and unadulterated	
13	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
14	IN OUT N/A	Food separated and protected	
15	IN OUT N/A	Food - contact surfaces: cleaned & sanitized	
16	IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	
Potentially Hazardous Food (TCS food)			
17	IN OUT N/A N/O	Proper cooking time and temperatures	
18	IN OUT N/A N/O	Proper reheating procedures for hot holding	
19	IN OUT N/A N/O	Proper cooling time and temperature	
20	IN OUT N/A N/O	Proper hot holding temperatures	
21	IN OUT N/A	Proper cold holding temperatures	
22	IN OUT N/A N/O	Proper date marking and disposition	
23	IN OUT N/A N/O	Time as a public health control: procedure & records	

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

Date	9-16-20
Person in Charge (Signature)	
Inspector (Signature)	M. B. B. B.