MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Jackson Date Oct. 23, 2018

Facility Name Jefferson St. Head Start License Number 0495

Purpose Renewal Capacity 100

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. 0	$
3.	$
4.	$
5.	$

Age/Child/Staff Name
1. Form # 297
2.
3.
4.
5.
6.
7.

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 _____)	☐	☐	☐	☑

Center Director/Individual Barbara Walker Child Care Representative Anna Walker

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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9 Date Oct. 23, 10

Name Jefferson St. Head Start License No. 0495

Address 5343 Jefferson St. Moss Point
Center/Organization/Individual

Purpose Renewal Director Barbara Walker

Mileage Start ____ Mileage End ____

County Jackson Telephone No. 228-769-3316

Time In 9:50 Time Out 11:10 Total Time ____

Findings/Comments

The playground will be inspected at a later date - it was raining.

Children Records in compliance

Staff Records in compliance

Building - no violations observed

Kitchen "A"

For Renewal
1) Fire form # 333 → Send to me -
2) ~~Staff Cards~~ 2 weeks cycle of menus

3) Fee → online
4 Application

Barbara Walker
Center Director/Designee/Individual

Barbara Walker
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Jefferson St. WS License No. 0495 Date 10/22/18

	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 _____

☑ Pass –
License to be issued: ☑ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within _____ days

Barbara Walker
☑ Director ☐ Designee

Penny R Walters
Child Care Representative

Mississippi State Department of Health
White Copy - Facility File
Yellow Copy - Operator

Revised 12-19-13

Form 289

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
0495	Jefferson St Food Store	12/23/15

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
	NO Violations Observed

☐ 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: 12-21-15	Environmentalist Code: 1409
Please Remit within 10 days to:	

Certified Manager: La Sonya Dotson

Licence Number: [illegible]

Facility Signature	[signature]
Environmentalist Signature	[signature]

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