St. James Head Start Center
120 Head Start Lane
Pearl, MS 39208
Ph.: 601-932-6029
Lic.: 61CEIH-1041
Director: Patricia Griffin

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Rankin Date 01.24.2019

Facility Name _____ License Number _____

Purpose Renewal / TA Capacity 144

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.	3 year. 17. caregiver 1, 2
2.	4 year. 20. caregiver 3, 4
3.	4 year. 20. caregiver 5, 6
4.	4 year. 20. caregiver 7, 8
5.	3 year. 17. caregiver 9, 10
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 Ø)				

Center Director/Individual _____ Child Care Representative _____

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

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Child Care Encounter

District 5

Date 01.24.2019

Name _____ License No. _____

Address _____
Center/Organization/Individual

Purpose Renewal / TA

Director _____

Mileage Start —

Mileage End —

County Rankin

Telephone No. _____

Time In 9:06 am

Time Out 10:48 am

Total Time _____

Findings/Comments Upon arrival the licensing official met with director, Patricia Griffin.

the purpose of this visit is to conduct a renewal inspection and provide technical assistance.

Rule 1.11.1 (9-10) - Licensing offiaal requested proof of when building was built or copy of lead hazard screen or lead-based paint risk assessment. The licensing official provided technical assistance explaining all buildings intended for use as a child care facility constructed before 1965 shall be tested for lead.

Center Director/Designee/Individual

Jemeria Davis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

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Child Care Encounter (Continuation)

Date 01.24.2019

Facility Name _____ License No. _____

Fax, scan, or mail all staff remaining contact hours. Licensure period for last year began 04.01.2018 and ends this year 03.31.2019.

Playground was not inspected on today's visit due to inclement weather. Inspection will be conducted at a later date.

Please submit fire form #333 and two week menus by 03.31.2019.

Customer survey card provided to, director Patricia Griffin.

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

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 01.24.2019

	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 facility passed renewal inspection pending all corrections if any deficiencies are cited on today's visit.

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

☑ Director ☐ Designee

J. Lewis
Child Care Representative

Food Service Facility Inspection Results

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PIMS ID	Facility Na		Date
			01.24.2019

CRITICAL VIOLATIO	CTION PLAN AND SCHEDULE
Observed no critical violations	

A

☐ 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 JD5

Please Remit within 10 days to:

Patricia Griffin — Certified Manager

Serv Safe — Licence Number

exp: 06-18-2023

Facility Signature

Environmentalist Signature

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