



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

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## **Child Care Facility Inspection Report**

OAK FOREST HEAD START

License #: 4255

Director: SONJA COLEMAN

Inspection Date: 08/05/2021

Annual/Mid Inspection

Inspector: Azelda Ellis

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### **Program Administration Violations Cited**

No violations cited.

### **Kitchen Violations Cited**

No violations cited.

### **Nutritional Guidelines Violations Cited**

No violations cited.

### **Playground Violations Cited**

No violations cited.

### **Infant Classroom Violations Cited**

Classroom A&B - Classroom Number: 8

No violations cited.

Infant Classroom - Classroom Number: 8

### **Toddler Classroom Violations Cited**

Classroom C&D - Classroom Number: 7

No violations cited.

Toddler Classroom - Classroom Number: 7

## **Preschool Classroom Violations Cited**

Classroom F - Classroom Number: 1

No violations cited.

Preschool Classroom - Classroom Number: 1

Classroom A - Classroom Number: 2

No violations cited.

Preschool Classroom - Classroom Number: 2

Classroom C - Classroom Number: 3

No violations cited.

Preschool Classroom - Classroom Number: 3

Classroom E - Classroom Number: 4

No violations cited.

Preschool Classroom - Classroom Number: 4

Classroom D - Classroom Number: 5

No violations cited.

Preschool Classroom - Classroom Number: 5

Classroom B - Classroom Number: 6

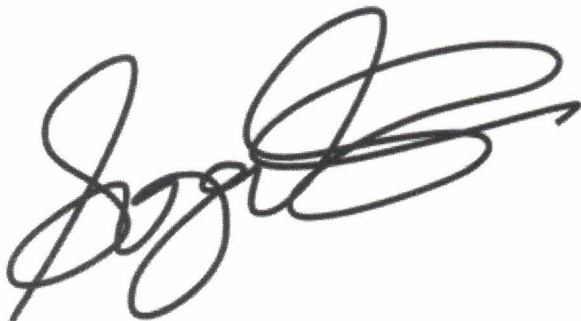
No violations cited.

Preschool Classroom - Classroom Number: 6

## **Legend**

- COS: Corrected on Site
- POC: Plan of Correction

**Child Care Director Signature**

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

**MSDH Licensure Representative Signature**

Azelda Ellis,

S. Lerma



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 8/5/2021

Name	<u>Oak Forest</u>	License No.	<u>4255</u>
Address	<u>3023 Ridgeland Dr. Jackson, MS 39212</u>		
	Center/Organization/Individual		
Purpose	<u>Technical Assistance</u>	Director	<u>Sonja Coleman</u>
Mileage Start	<u>                    </u>	Mileage End	<u>                    </u>
County	<u>Hinds</u>	Telephone No.	<u>601.371.1415</u>
Time In	<u>8<sup>10</sup> a.m.</u>	Time Out	<u>10<sup>18</sup></u>
		Total Time	<u>                    </u>

Findings/Comments Licensing Officials met with Director.The Licensing Officials remeasured facility's classrooms.Facility's capacity remained 150.Thanks for all you do.Be Blessed and Stay Safe.Licensing Official will email director the link to complete survey on today's visit.
  
Center Director/Designee/Individual


  
Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator