



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**County BolivarDate 3/29/18Facility Name Cleveland #3 Head Start AnnexLicense Number 0624TH-4479Purpose Mid-yearCapacity 45**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.	3/15/ Caregiver #1 & Caregiver #2
2.	3/14/ Caregiver #3 & Caregiver #4
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**

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 <i>Not observed during visit</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual

Mae Jenkins

Child Care Representative

[Signature]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 3Date 3/29/18

Name <u>Cleveland #3 Head Start Annex</u>	License No. <u>NC4IH-4479</u>
Address <u>506 N. Chrisman Street Cleveland, MS 38732</u>	Center/Organization/Individual
Purpose <u>Mid-year</u>	Director <u>Mae English</u>
Mileage Start _____	Mileage End _____
County <u>Bolivar</u>	Telephone No. <u>662-843-6463</u>
Time In <u>9:53</u>	Time Out <u>10:45</u> Total Time _____

Findings/Comments This visit is for mid-year inspection.The licensing official did not observe any deficiencies with the building or kitchen during present visit.The playground was not observed due to rain and standing water. The playground will be observed at a later date.A current certification of Food Manager was provided to the licensing official.If any questions or concerns please contact the child care office at 601-364-2827 or 662-455-9429.A customer service card was provided to Director."Class I and class 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

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Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID <i>06C4IH-4479</i>	Facility Name, Address <i>Cleveland #3 Head Start Center 506 N. Chrisman St Cleveland, MS 38730</i>	Date <i>3/29/18</i>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

*No critical violations observed  
at time of visit.*

*No correction plan needed*

*Kitchen received "A"*

<input type="checkbox"/> 92020 Scheduled	<input checked="" type="checkbox"/> 92010 Permit No Charge
<input type="checkbox"/> 92030 Followup	<input type="checkbox"/> 92015 Permit 1 \$30.00
<input type="checkbox"/> 92040 Complaint	<input type="checkbox"/> 92011 Permit 2 \$100.00
<input type="checkbox"/> 92050 Consultation	<input type="checkbox"/> 92012 Permit 3 \$150.00
<input type="checkbox"/> 92070 Plan Review/Const.	<input type="checkbox"/> 92013 Permit 4 \$200.00
<input type="checkbox"/> 92080 No Inspection	
<input type="checkbox"/> 92090 Restaurant Training	

*Mae English*  
Certified Manager

*Tommy Safer*  
Licence Number *10/19/17*

Permit Date \_\_\_\_\_ Environmentalist Code *863*

Please Remit within 10 days to:

Facility Signature *Mae English*

Environmentalism Signature *Shirley S*

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

# Child Care Licensure Playground Checklist

Center Name Cleveland #3 Head Start Annex Inspection Date 3/29/18

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)

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- ☐ ☐ ☐ 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) Raining for last two days.
- ☐ ☐ ☐ 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)

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- ☐ ☐ ☐ 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)

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- ☐ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  

(CPSC 5.3.6.4-5 pgs 34-35)

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- ☐ ☐ ☐ 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)

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- ☐ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  

(Rule 1.11.11 (1), pg 61)

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- ☐ ☐ ☐ 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)

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- ☐ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director Mary [Signature] Licensing Official [Signature]

\*Playground will be inspected at a later date, due to Rain and standing water \*