MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Stone Date Oct. 10, 17

Facility Name Stone County Head Start License Number 0322

Purpose Renewal Capacity 153

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

	In	Out	COS	N/A
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.		$

Karlen & Sandra, Tihera 7 infa

	Age/Child/Staff Name		
1.	Anitha & Laronda	10	3-4 yr
2.	Jenni & Jennifer	14	" "
3.	Darlene & Cynthia	16	" "
4.	Bertha & Kenya	18	" "
5.	Vikkie	4	2 yr
6.	Jennie & Sandra	8	2 yr
7.	Lele & Cynthia	8	1 yr
	Barbara & Amanda	6	1-2 yr

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

	In	Out	COS	N/A
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 [signature]

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 9 Date Oct. 10, 17

Name Stone County Head Start License No. 0322

Address 167 Thelma Andrews Rd Wiggins 39577
Center/Organization/Individual

Purpose Renewal Director Clifton Anderson

Mileage Start ____ Mileage End ____

County Stone Telephone No. 601-928-3076

Time In 10:00 Time Out 11:50 Total Time ____

Findings/Comments Met with designee Pamela Young.

Kitchen - "A"

Children Records - in compliance

Staff Records - in compliance

Building - No violations observed
All violations from May 3, 2017 were corrected.

Playground - no violations observed

For Renewal -
1) fire survey
2) fee
3) Application
4) Current cycle of menus

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Stone County Head Start License No. 0322 Date 10-10-17

	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

☐ Director ☐ Designee

Child Care Representative

Food Service Facility Inspection Results

A

PIMS ID	Facility Name, Address	Date
0372	Stone County Head Start	10-10-17

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
	No Violations Observed 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: 12-31-17	Environmentalist Code: ALJ
Please Remit within 10 days to:	

Lou A. Powell
Certified Manager

Licence Number
3115/18

Facility Signature
Environmentalist Signature

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