



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Union</u>	Date <u>3-19-21</u>
Facility Name <u>Union County HS</u>	License Number <u>3574</u>
Purpose <u>Le mo.</u>	Capacity <u>156</u>

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

	In	Out	COS	N/A
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.	
2.	
3.	
4.	
5.	
6.	
7.	

NO Children

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

	In	Out	COS	N/A
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	<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 type="checkbox"/>

Center Director/Individual Delaine NesbittChild Care Representative Gary PruittWhite 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 IIDate 3-18-21

Name Union County Head Start License No. 3574
 Address 507 Oak St. New Albany, MS 38652
 Center/Organization/Individual
 Purpose Midyear Director Delois Nesbit
 Mileage Start _____ Mileage End _____
 County Union Telephone No. 662-534-2481
 Time In 10:50 Time Out 12:50 Total Time _____

Findings/Comments Here to conduct a Midyear inspection. Upon arrival the LO met with the director, Delois Nesbit.

- Staff 121's and LOS's in Compliance
- Children 121's in Compliance
- Kitchen rec'd an A; No critical violations on today's visit
- Playground was not inspected due to inclement weather. (Raining)
- * There were no children present on today's visit.

Facility will submit documentation for CA to possibly be approved for director. LO will then submit to upper management for approval.

Children are scheduled to start back at the facility on Monday with 10 in each classroom/unit.

Facility well structured and organized. ☺

"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."

Delois Nesbit
 Center Director/Designee/Individual

Gary Pratt
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Union County Head Start 507 Oak St New Albany, MS	Date 5-18-21
---------	--	-----------------

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>- No critical violations</p> <p>On today's visit</p> <p>"A"</p> <p>Pass</p>	
--	--

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

Please Remit within 10 days to:

Tracey Hampton 3576
Certified Manager Licence Number

*Tummy Safe

Facility Signature

Environmental Signature

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

Playground Checklist

Center Name Union County HS Inspection Date 3-18-21
 Name of Licensing Official Shenika Pratt License # 3576

Yes	No	N/a	
—	—	—	1. Playground fence less than 3 3/4" from surface. (Rule 1.11.9 (8), p 60) In good repair, with no gaps. (Rule 1.11.9 (8), p 60)
—	—	—	2. Two entrances/exits, with one being remote from the building. (Rule 1.11.9 (8), p 60)
—	—	—	3. Surfacing adequate. If not, where is it inadequate? (CPSC, 2.4.2, pp 9-10)
—	—	—	4. AC units, high-voltage cabling/wires inaccessible. (Rule 1.11.9 (5), p 59)
—	—	—	6. No standing water present on playground or in/on playground equipment or Walkways. (CPSC 2.4.2.2, p 5, p 10)
—	—	—	7. Toys & equipment in good repair. (None broken/deteriorating) (Rule 1.10.2 (2), p 46)
—	—	—	8. Sidewalks provide smooth walking surface. (No trip hazards) (CPSC 3.6, pp 16-17)
—	—	—	9. Bolts on equipment and fence <2 threads beyond the nut? (Rule 1.11.9 (5), p 59) All bolts and fencing twists/wires facing away from the playground area
—	—	—	10. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, p 16)
—	—	—	11. Use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, p 41)
—	—	—	12. If swings are present, are S-hooks in good repair? If not, state deficiency. (CPSC 3.2, p 14; 2.5.2, p 11; 5.3.8.1, p 37)
—	—	—	13. If slide is present, is exit height/exit zone adequate? If not, state deficiency. (CPSC 5.3.6.4-5 pp 34-36)
—	—	—	14. Spring rockers a minimum of 6 ft. apart? (CPSC 5.3.7, pp 36-37) (ASTM 9.5.1.2)
—	—	—	15. Age-appropriate equipment being used? If not, state which pieces are inappropriate. (CPSC 2.2.6, p 6) (Rule 1.10.2, p 46)
—	—	—	16. Playground area clean & free of hazards? (Rule 1.11.11 (1), p 61) If not, state deficiency.
—	—	—	17. Adequate shade is present on the playground. (CPSC 2.1.1, p 5) (Rule 1.11.9 (7), p 60)
—	—	—	18. Concrete footings located a minimum of 6" beneath the surface. (CPSC 3.6, pp 16-17) (Rule 1.10.2 (3), p 46)
—	—	—	19. Is wood smooth? Documentation providing wood has been properly treated. (CPSC 2.5.5, p 12)

Director _____

Licensing Official _____

* Playground was not inspected due to inclement weather.