



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection Report

BAY WAVELAND HEADSTART CENTER

License #: 0507

Director: VIOLET EASTER

Inspection Date: 05/11/2022

Annual/Mid Inspection

Inspector: Amanda Smith

Program Administration Violations Cited

1. **Out of Compliance:** All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

Plan of Correction

1. **POC:** Ms. McNair will address the locked cabinet issue with MAP HR staff in order to correct this issue.
Rule 1.6.1 Records: Records listed in this section shall be kept within the physical confines of the child care facility and shall be made available to the licensing agency on request.
Person Responsible: Arnett McNair **Date for Completion:** Immediately

Kitchen Violations Cited

No violations cited.

Nutritional Guidelines Violations Cited

No violations cited.

Playground Violations Cited

No violations cited.

Preschool Classroom Violations Cited

Preschool - 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, appearing to read "T. S. Foster", written in a cursive style.

MSDH Licensure Representative Signature

A handwritten signature in black ink, appearing to read "Amanda K. [unclear]", written in a cursive style.A handwritten signature in black ink, appearing to read "Anne H. [unclear]", written in a cursive style.