MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Forrest

Facility Name Charles H. Johnson Head Start
201 W. Central Ave., Petal, MS 39465
601-544-4195 Lic. #6918
Director: Patricia Mitchell-Coleman

Date 5/29/18

License Number

Purpose program renewal

Capacity 113

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				
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.		$
3.		$
4.		$
5.		$

	Age/Child/Staff Name
1.	
2.	See 2nd encounter form.
3.	
4.	
5.	
6.	
7.	

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				
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 2)	☐	☐	☐	☐

Center Director/Individual [signature]

Child Care Representative [signature]

White Copy - Facility File *Yellow Copy - Facility Operator*

Mississippi State Department of Health

Child Care Encounter

District VIII

Date 5/29/18

Name Charles H. Johnson Head Start

License No.

Address 201 W. Central Ave., Petal, MS 39465

601-544-4195 Lic. #6918

Director: Patricia Mitchell-Coleman

/Organization/Individual

Purpose program renewal

Director

Mileage Start

Mileage End

County Forrest

Telephone No.

Time In 9:30am

Time Out 11:00am

Total Time

Findings/Comments

Upon arrival, licensing official met with early head start staff & director designee, A. Weathers. Please submit ~~contact hours or notify licensing official to return to facility~~ to view in the next ~~few weeks.~~ ok LF.

All in compliance; no deficiencies observed.

Survey & business card were given to director designee, A. Weathers.

* Submit 2-4 wk cycle of menus & completed fire form 333 to licensing official.

[signature]

Center Director/Designee/Individual

[signature]

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Charles H. Johnson Head Start
201 W. Central Ave., Petal, MS 39465
601-544-4195 Lic. #6918
Director: Patricia Mitchell-Coleman

_____ License No. _____ Date 5/29/18

	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

Smiley Toussaint
Child Care Representative

Mississippi State Department of Health
White Copy - Facility File
Yellow Copy - Operator

Revised 12-19-13

Form 289

Food Service Facility Inspection Results

PIMS ID	Facility Na		Date
	W.H. Jones Head Start 5489 Old Hwy 42, Hattiesburg, MS 39401 601-583-6089; Lic #6919 Director: Angela Simon		5/29/18

CRITICAL VIOLATION	CORRECTION PLAN AND SCHEDULE
all in compliance - eggs over ready-to-eat foods - corrected on site.	None required - (COS) "A" issued.

☑ 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	Environmentalist Code
Please Remit within 10 days to:	

Felicia Cook
Certified Manager

ServSafe
Licence Number

Facility Signature	Cindy Moncus
Environmentalist Signature	Tonya Toussaint

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

Child Care Licensure Agency

Charles H. Johnson Head Start
201 W. Central Ave., Petal, MS 39465
601-544-4195 Lic. #6918
Director: Patricia Mitchell-Coleman

Center Name _____ Inspection Date 5/29/18

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (8), pg 48)* In good repair, with no gaps? *(Rule 1.11.9 (8), pg 48)*
☑	☐	☐	2.	2 entrances/exits, with one being remote from the building? *(Rule 1.11.9 (8), pg 48)*
☑	☐	☐	3.	Is surfacing adequate? If not, where is it inadequate? *(CPSC, 2.4.2, pg8)*
☑	☐	☐	4.	AC units, high-voltage cabling/wires inaccessible? *(Rule 1.11.9 (5), pg 47)*
☑	☐	☐	5.	No standing water present on playground or in/on playground equipment or walkways? *(CPSC 2.4.2.2-5, pg 10)*
☑	☐	☐	6.	Toys & equipment in good repair? (none broken/deteriorating) *(Rule 1.10.2 (2), pg 36)*
☑	☐	☐	7.	Sidewalks provide smooth walking surface? (no trip hazards) *(CPSC 3.6, pg 15)*
☑	☐	☐	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 47)*
☑	☐	☐	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? *(CPSC 3.4, 3.5, pg 15)*
☑	☐	☐	10.	Are use zones adequate? If not, where are they inadequate? *(CPSC 5.3.9, pg 40)*
☐	☐	☑	11.	If swings are present, are S-hooks in good repair? If not, state deficiency *(CPSC 3.2, pg*
☑	☐	☐	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency *(CPSC5.3.6.4-5 pgs 34*
☑	☐	☐	13.	Are spring rockers a minimum of 6 ft. apart? *(ASTM 9.5.1.2, pg 15)*
☑	☐	☐	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate *(Rule 1.10.2, pg*
☑	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. *(Rule 1.11.11 (1), pg*
☑	☐	☐	16.	Is adequate shade present on the playground? *(CPSC 2.1.1, pg 5)*
☐	☐	☑	17.	Are concrete footings located at least 6" beneath the surface? *(Rule 1.10.2 (2), pg 36,*
☐	☐	☑	18.	Is wood smooth? Documentation provided that wood has been properly treated. *(CPS 2.5.5)*

Director Ashley Willis Licensing Official Linsey Fontenot