

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Deloris Blaylock (name), serve in the capacity of owner, director, or director designee of Crossroads Head Start/EHS (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date, and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Deloris Blaylock
Director Signature

10/23/2020
Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County NewtonDate 10-6-20Facility Name Cross Roads HeadstartLicense Number 4204Purpose RenewalCapacity 203**All Items In Red Are Critical**

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

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

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

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

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

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

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

Lighting approved

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

Heating/cooling approved

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

Ventilation adequate

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

Glass approved and shielded

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

Telephone on premises, available,
 and functioning

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

Electrical outlets protected

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

Large appliances located properly

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

Sinks and toilets working properly

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

Hot water at all sinks, not to
 exceed 120°

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

Children barred from kitchen

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

Vending machine snacks meet

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

nutritional guidelines, if present

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

Exits, doors and fastening devices
 single action approved and in good
 working order

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

Exits unobstructed

In	Out	COS	N/A
<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

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

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

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

Playground equipment meets standards

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

Pool area clean, fenced, and adequately
 maintained

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

Diaper changing stations adequate in
 number and each fully supplied
 (number 4)

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

Center Director/Individual

Angie Wesley

Child Care Representative

Min. Brea

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 6Date 10-6-20

Name	<u>Cross Road Head Start</u>	License No.	<u>4204</u>
Address	<u>401 East Rail Road Newton ms 39345</u>		
	<i>Center/Organization/Individual</i>		
Purpose	<u>Renewal</u>	Director	
Mileage Start		Mileage End	
County	<u>Newton</u>	Telephone No.	<u>601-683-3161</u>
Time In	<u>12:00</u>	Time Out	
		Total Time	

Findings/Comments NO violations observed during this inspection.

Angie Wesley
Center Director/Designee/Individual

M. R. B. B. B.
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Cross Road Headstart License No. 4204 Date 10-6-20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (<i>includes date of birth</i>) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (<i>includes date of birth & date of hire</i>) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets present (<i>proof of immunization as required, signed by veterinarian</i>) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations _____

☐ Pass –
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

Rugie Wesley

M. B. Brien
 Child Care Representative

Child Care Licensure Playground Checklist

Center Name Cross Roads Head Start Inspection Date 10-6-20

YES NO N/A

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|----|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Playground fence less than 3 1/2" from surface (Rule 1119 (8) pg 48) In good repair with no gaps? (Rule 1119 (8) pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 2 entrances/exits, with one being remote from the building? (Rule 1119 (8) pg 48) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 8) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | AC units, high-voltage cabling/wires inaccessible? (Rule 1119 (5) pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | No standing water present on playground or in/on playground equipment or walkways? (CPSC 242 2-5, pg 10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102 (2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 1119 (5) pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35, pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 40) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | If swings are present, are S-hooks in good repair? If not, state deficiency
(CPSC 32 pg 13) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | If slide is present, is exit height/exit zone adequate? If not, state deficiency
(CPSC 536 4-5 pgs 34-35) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | Are spring rockers a minimum of 6 ft. apart? (ASTM 95.12 pg 15) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | Is age-appropriate equipment being used? If not, state which pieces are inappropriate
(Rule 1102, pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | Is playground area clean & free of hazards? If not, state deficiency
(Rule 1111 (1) pg 49) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | Is adequate shade present on the playground? (CPSC 211 pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | Are concrete footings located at least 6" beneath the surface? (Rule 1102 (2) pg 36) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 255) |

Director Angie Wesley Licensing Official Mie Bercu



Corrective Action Required: Yes No
 Corrections required by (Date) _____

Food Establishment Inspection Report

Establishment <i>Cross Roads Hard Start</i>		Time in	
Address <i>401 East-Rail</i>	City/State <i>Newton MS</i>	Zip <i>39345</i>	Telephone <i>661-683-3161</i>
License/Permit# <i>4204</i>	Permit Holder <i>Catherine Walker</i>	Risk Level <i>1</i>	

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R
 COS = corrected on-site during inspection R = repeat violation

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
Supervision			
1	IN/OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN/OUT N/A	Manager certification	
Employee Health			
3	IN/OUT	Management awareness; policy present	
4	IN/OUT	Proper use of reporting, restriction & exclusion	
Good Hygienic Practices			
5	IN/OUT N/O	Proper eating, tasting, drinking, or tobacco use	
6	IN/OUT N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
7	IN/OUT N/O	Hands clean and properly washed	
8	IN/OUT N/A N/O	No bare hand contact with ready-to-eat foods	
9	IN/OUT	Adequate handwashing facilities supplied & accessible	
Approved Source			
10	IN/OUT	Food obtained from approved source	
11	IN/OUT N/A N/O	Food received at proper temperature	
12	IN/OUT	Food in good condition, safe, and unadulterated	
13	IN/OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
14	IN/OUT N/A	Food separated and protected	
15	IN/OUT N/A	Food - contact surfaces: cleaned & sanitized	
16	IN/OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	
Potentially Hazardous Food (TCS food)			
17	IN/OUT N/A N/O	Proper cooking time and temperatures	
18	IN/OUT N/A N/O	Proper reheating procedures for hot holding	
19	IN/OUT N/A N/O	Proper cooling time and temperature	
20	IN/OUT N/A N/O	Proper hot holding temperatures	
21	IN/OUT N/A	Proper cold holding temperatures	
22	IN/OUT N/A N/O	Proper date marking and disposition	
23	IN/OUT N/A N/O	Time as a public health control: procedure & records	

Compliance Status		COS	R
Consumer Advisory			
24	IN/OUT N/A	Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
25	IN/OUT N/A	Pasteurized foods used; prohibited foods not offered	
Chemical			
26	IN/OUT N/A	Food additives: approved and properly used	
27	IN/OUT	Toxic substances properly identified, stored, used	
Conformance with Approved Procedures			
28	IN/OUT N/A	Compliance with variance, specialized process, and HACCP plan	
29	IN/OUT N/A	Risk control plan as required	
Other Critical Factors			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30	IN/OUT	Water and ice from approved source	
31	IN/OUT	Insects, rodents, and animals not present	
32	IN/OUT N/A	Hot and cold water available; adequate pressure	
33	IN/OUT N/A	Plumbing installed; proper backflow devices	
34	IN/OUT N/A	Sewage and waste water properly disposed	
35	IN/OUT	Toilet facilities: properly constructed, supplied	
36	IN/OUT N/A	Permit/Last inspection posted	

Date

Person in Charge (Signature)

Inspector (Signature)