



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Hinds</u>	Date <u>8.7.20</u>
Facility Name _____	License Number _____
Purpose <u>Virtual Renewal Inspection</u>	Capacity <u>150</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 checked="" type="checkbox"/>
Proper staff to child ratio present	<input checked="" 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 checked="" type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

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.	<u>No children @ facility</u>
2.	<u>School has not started yet.</u>
3.	
4.	
5.	
6.	
7.	

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 checked="" 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

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>2</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative Azrael Green

Center Director/Individual _____

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

LO- Licensing Official
COS-Corrected on Site
TA-Technical Assistance
POC-Plan of Correction
LOS-Letter of Suitability

1 of 1

District 5

Date 8.7.20

Name _____	License No. <u>#</u>
Address _____	
Center Organization/Individual _____	
Purpose <u>Virtual Renewal Inspection</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Hinds</u>	Telephone No. _____
Time In <u>8:10 a.m.</u>	Time Out <u>8:55 a.m.</u>
Total Time _____	

Findings/Comments LO met w/ the designee(s) Sharon Hall and Keidra Hooks.

The purpose of this visit is to conduct a virtual renewal inspection and to provide technical assistance.

All licensed facilities are required to have a qualified director. (Rule 1.2.2 (C) and 1.5.3)

Rule 1.5.7 (2)
A director designee shall not retain sole director authority for more than (24) total hours per calendar week. If more than one designee is assigned, they can not work as director for more than (24) hours all together (combined between each of them). Your facility must have a qualified director assigned. You only have designee(s). You are required to have a qualified director in place.

TA- Technical Assistance
LO has been following up w/ Agency on the facility not having a qualified director in place. LO is giving the facility til September 1, 2020 to have a qualified director in place. It is the Agency responsibility to update the LO in writing, update the LAR's online filing system, and send the new director's paperwork to the

Center Director/Designee/Individual _____

Keidra G. Lewis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter
(Continuation)

Date 8.7.2020

Facility Name LO, to be uploaded into the online filing system License No.

P.O.C

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence? 3. What is the date of completion?

It was stated that they are still in the process of hiring for a director at the facility. The agency has made recommendation for someone, but that person turned down the position, so therefore interviewing is still in process. Due to school has not started yet, the agency stated a new director will be hired before school starts.

- * Please see # 289 for renewal process to be completed.
- * LO received the signed memo for virtual renewal inspection.
- * No children @ the facility only staff.
- * On August 31, 2020 - virtual learning will start for the children.
- * Facility will need an updated copy of zoning letter before January 29, 2021.

LO observed all "classrooms" / see # 281
"playground see (playground checklist)
"Kitchen" received a grade letter "A"

Welcome Back! Thank you for all you do for the children and families in Mississippi, and being my tour guide during the virtual tour.
Continue to be safe and well!

Class I II violations may result in a monetary penalty.
Repeated violations may result in the doubling of a monetary penalty,
suspension or revocation of license.

Center Director/Designee/Individual

Angela Ellis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 8.7.20

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

Items needed to be submitted to your licensing official to complete your renewal process:

- 4 or 6 weeks menus ☒
- Fire form, zoning letter (Hinds County Only) 8.7.20
- Contact hours ☒
- Catering Contract (if Applicable) N/A

Comments/Recommendations _____

Go online to www.healthymms.com to complete your online application and pay fees and print your license on or before Sept. 30, 2020, to avoid late fees and reinstatement fees.

Date Menus Received: 5.19.20
Date(s) Menus Revised: 5.20.20
Date(s) Menus Revised:
Date(s) Menus Revised:
Approval Date: 6.21.20

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

☐ Director ☐ Designee


Azelda Green
Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name: Oak Forest Head Start 3023 Ridgeland Drive, Jackson, MS 39212 P.601-371-1415 Lic No. 25C4IH-4255	Date 8.7.20
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CRITICAL VIOLATIONS

ON PLAN AND SCHEDULE

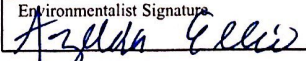
<p>No Critical Violations Observed on today's Visit.</p>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
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Permit Date	Environmental Code
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Please Remit within 10 days to:

Johnette Jones S/S 5.17.22
 Certified Manager Licence Number

Facility Signature
Environmental Signature 

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

Child Care License Playground Checklist

Oak Forest Head Start
3023 Ridgeland Drive, Jackson, MS
39212 P 601-371-1415
Lic No. 25C414-4255

Inspection Date

9.7.20

Center Name

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 60) In good repair, with no gaps? (Rule 1.11.9 (3), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 1-17 & 4.3)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (3), pg 39)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkway? (CPSC 2.4.2.2(3), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.11.9 (3), pg 40)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 1.6, pg 14-17)
- ☒ ☐ ☐ 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 (3), pg 39)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.3, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg 14 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 3.6.4.3, pg 34-35)
- ☒ ☐ ☐ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 4 & CPSC 2.2.6, pg 9)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency _____ (Rule 1.11.11 (4), pg 6)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 9)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Licensing Officer