



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County HolmesDate 10/27/2020Facility Name Lexington Early Head StartLicense Number 26CCPE-7399Purpose RenewalCapacity 50**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

☒ ☐ ☐ ☐☐ ☐ ☐ ☒☐ ☐ ☐ ☒☒ ☐ ☐ ☐☒ ☐ ☐ ☐**Sanitation Approved**

Garbage and garbage bins maintained

Vector control maintained

Water system approved and functioning

Waste water system approved and functioning

Food service approved

Monetary Penalty

1. \$

2. \$

3. \$

4. \$

5. \$

Age/Child/Staff Name

1. No children present

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

☐ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐**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)

☐ ☐ ☐ ☐Center Director/Individual Virtual InspectionChild Care Representative S. Smith

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 3Date 10/27/2020

Name <u>Lexington Early Head Start</u>	License No. <u>26CCPE-7399</u>
Address <u>228 Bowling Green Road Lexington MS 39095</u> Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Clara Ghoston</u>
Mileage Start _____	Mileage End _____
County <u>Holmes</u>	Telephone No. <u>662-450-3301</u>
Time In <u>9:10</u>	Time Out <u>9:40</u> Total Time _____

Findings/Comments This is a virtual renewal inspection.

The children are attending virtual learning school at the present time.

No concerns were observed during the virtual renewal inspection.

If any questions or concerns please contact the child care licensing agency at 601-364-2227 or shundra.givens@msdh.ms.gov.

Virtual Inspection
Center Director/Designee/Individual

Shunda Givens
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>Lexington Early Head Start</i> <i>228 Bowling Rd</i> <i>Lexington, MS 39095</i>	Date <i>10/27/2020</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p><i>No violations</i></p>	<p><i>"A"</i></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 checked="" 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
Permit Date	Environmental Code <i>SG3</i>
Please Remit within 10 days to:	

Landair, G. *ServSafe*
 Certified Manager Licence Number

Facility Signature <i>Virtual Inspection</i>
Environmental Signature <i>Shirley B</i>

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Lexington Early Head Start License No. _____ Date 10/27/2020

- | | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14} |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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

Virtual Inspection

Shelby C.
Child Care Representative

Child Care Licensure Playground Checklist

Center Name Lexington Early Head Start Inspection Date 10/27/2021

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" 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
(CPSC 5.3.6.4-5 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 Virtual inspection Licensing Official Shelby