



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County	<u>Tunica</u>	Date	<u>03-11-21</u>
Facility Name	<u>Tunica Head Start Center</u>	License Number	<u>2101</u>
Purpose	<u>Mid-year</u>	Capacity	<u>198</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 type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>A 3 year old - 8 - Caregivers 1 &amp; 2</u>
2.	<u>C 3 year old - 10 - Caregivers 3 &amp; 4</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 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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual Jennice Grant DemoreChild Care Representative Amelia Bratcher

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 J Date 03-11-21

Name Tunica Head Start Center License No. 2161

Address 1034 South Rd Tunica, Ms 38635  
Center/Organization/Individual

Purpose Mid-Year Director Jennifer Bernard

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Tunica Telephone No. 662.363.3469

Time In 7:59 Time Out 10:12 Total Time \_\_\_\_\_

Findings/Comments Here to conduct a mid-year inspection.  
Upon arrival the licensing official met with Jennifer Bernard.

The following were in compliance on today's visit:  
Current CPR & First Aid  
Current docs for staff  
Current MSDH 101 forms for staff  
Playground checklist completed.  
Kitchen rec'd an "A"

TA provided on rule 1.6.3 (8) states in part "Each facility shall maintain a notebook containing copies of MSDH Certificate of Immunization Compliance (MSDH Form # 121) for both staff and children at the facility."

Findings: Based on observations and review of staff and children records, the facility failed to assure that they had a current MSDH 101 on each employee and child. Record review revealed 5 children records lacked a current MSDH 101 form.  
Due date 3-25-21

Jennifer Bernard  
Center Director/Designee/Individual

Tamika Bratcher  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter  
(Continuation)**Date 03-11-21

Facility Name

Tunica Head Start Center

License No.

2101

What measures will you as a facility, put into place to correct the violation and how will you prevent recurrence of the violation? Ms. Bernard states she will contact parents via phone and email every other month. She states she will submit reminders via text to the parent. JB

Jennifer Grant Bernard  
Center Director/Designee/Individual

Timika Bratcher  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Turner Head Start Center 1034 South Parker Rd Tunica	Date 03-11-21
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

NO CRITICAL VIOLATIONS  
Cited on today's visit.  
Quality Rec'd An  
A

<input checked="" 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
Permit Date	Environmental Code TPI
Please Remit within 10 days to:	

[Signature]  
 Certified Manager

[Signature]  
 Licence Number  
 EX 07-1523

Facility Signature [Signature]
Environmental Signature [Signature]

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

Center Name Tumica Head Start Center Inspection Date 03-11-21

YES NO N/A

- ☒ ☐ ☐ 1 Playground fence less than 3 1/2" from surface (Rule 1119(8) pg 60) In good repair, with no gaps? (Rule 1119(8) pg 60)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119(8) pg 60)
- ☒ ☐ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 9-10 & 43)
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119(5) pg 59)
- ☒ ☐ ☐ 5 No standing water present on playground or in on playground equipment or walkways? (CPSC 242 2(5) pg 10 & Rule 1111(4) pg 61)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 46)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 pg 16-17)
- ☒ ☐ ☐ 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 1119(5) pg 59)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34.35 pg 16)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 539 pg 41)
- ☐ ☐ ☐ 11 If swings are present, are S-hooks in good repair? If not, state deficiency  
\_\_\_\_\_  
(CPSC 3.2 pg 14  
252 pg 1 & 538.1 pg 37)
- ☒ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency  
\_\_\_\_\_  
(CPSC 536 4-5 pgs 34-35)
- ☐ ☐ ☒ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 & CPSC 537 pg 36-37)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
\_\_\_\_\_  
(Rule 1102 pg 46  
& CPSC 226 pg 6)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency  
\_\_\_\_\_  
(Rule 1111(1) pg 6)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (Rule 1119(7) pg 60 & CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 46 & CPSC 36 pg 16-17)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated (CPSC 255 pg 15)

Director Jenniffer Grant Bernard

Licensing Official Tamika Bratcher

Nice equipment...