



3 of 6

MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County \_\_\_\_\_ Date 8-24-2018

Facility Name \_\_\_\_\_ License Number \_\_\_\_\_

Purpose Midyear Inspection Capacity 172

**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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input 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 \$ \_\_\_\_\_
- \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_
- \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_
- \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_
- \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_

	Age/Child/Staff Name
1.	3y olds/15/caregiver 1+2
2.	3yr olds /15/caregiver 3
3.	3yr olds /16 / caregiver 4+5
4.	3+4y olds / 14 / caregiver 6+7
5.	3+4yr olds / 13 / caregiver 8
6.	4yr old / 10 / caregiver 9+10
7.	4 yr old / 10 / caregiver 11
8.	4 yr old / 13 / caregiver 12

**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 3yr old restroom

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

- Lighting approved
- Heating/cooling approved
- Ventilation adequate
- Glass approved and shielded
- Telephone on premises, available, and functioning

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"/>

- 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

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Exits unobstructed
- 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"/>
<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_)

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

Center Director/Individual

*Shirley Peck*

Child Care Representative

*Angela*





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District \_\_\_\_\_

Date 8.24.2018

Name _____	License No. _____
Address _____	
Center/Organization/Individual _____	
Purpose Midyear Inspection	Director Shirley Pickens
Mileage Start _____	Mileage End _____
County _____	Telephone No. 601.956.2865
Time In 9:25am	Time Out 1:00pm
Total Time _____	

Findings/Comments Upon arrival LO met w/ director, Mrs. Pickens

The purpose of this visit is to conduct a midyear inspection. Director stated that she was short staff and were in the process of still enrolling children in classes.

Rule 1.8.2(1): While doing the walkthrough some classrooms were out of ratio. Ratio must be maintained at all times. LO gave TA on keeping ratio maintained by moving other staff members in the classrooms that needed another caregiver. This violation was COS.

Rule 1.8.1(8): One bathroom in 3 year old classroom had a stain in the ceiling. TA was provided on maintaining and keeping ceiling cleaned. The question was asked, was it a leak in the ceiling, the director stated that the roof was repaired, maintenance has to come back to put the kilt on the ceiling to remove stain.

Rule 1.6.3(8) Immunization book for the students must be filed according to the students roster. Roster must have DOB on there as well. LO observed 121 forms out of order. Director stated that family service worker was out for today and will be back on Monday 8.27.2018. She, the director will inform her that

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter (Continuation)

Date

8.24.2018

Facility Name

License No.

book must be in order the next visit LO comes to inspect.

LO also observed one staff member w/ a missing IZ form. LO explained to director staff member can't return until IZ form is in place @ facility. The facility has 8 missing IZ for students and 1 student IZ form expired. The missing IZ forms for students, students may not return to facility until forms are submitted. Director has 14 days to submit student IZ form that has expired.

Rule 1.0.3(9): LO observed 1 staff w/ no FBI letter. Director explained to LO that staff member is a transfer and they have to get info from another center. Director has 60 days to submit FBI letter on staff member.

Kitchen: Date Mark all food that is out of its original container. TA was provided to cook on date markings all items out of its original containers, Cook CDS.

Play Area: Surfacing and weeds to be pulled out on slide area and spring rocker area.

Items Needed: Water/Wastewater Bill, updated zoning letter, Proof of when building was built, Soil test needed on file.

Green Survey Card was left w/ director.

  
Center Director/Designee/Individual

  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

County: Hinds District: 5  
Richard Brandon Headstart  
5920 N. State Street  
Jackson, MS 39213  
License # 25CFIH-0870

Address

Date

8.24.2018

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

All in Compliance

Facility Receive Grade "A"

- ☒ 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

Environmentalism Code

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature

Environmentalism Signature

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy - Environmentalism



6066

## Child Care Licensure Playground Checklist

Center Name \_\_\_\_\_ Inspection Date 8.24.2018

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☐ ☒ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)  
need more under swing area and pull weeds out as well as under
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59) spring rake
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 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 5.3.9, 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 5.3.6.4-5 pgs 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 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 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

*Shirley Pickens*

Licensing Official

*James D. Drake*