



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District Forrest 8Date 11.19.20

Name	Smart Start Community School, LLC	se No.
Address	412 JC Killingworth Rd., Hattiesburg, MS 39401	
Purpose	601-545-9299 Lic. No. 18CCPF-7228 Director: Ella Cobbert	il
Mileage Start		Mileage End
County	<u>Forrest</u>	Telephone No.
Time In	<u>11:05</u>	Time Out <u>12:15</u>
		Total Time

Findings/Comments A renewal inspection was conducted.all in compliance, no deficiencies found during inspection.Rec'd menu and fire form, Contact hours.Awesome job!

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

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative
[Signature]

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Smart Start Community School, LLC
412 JC Killingworth Rd., Hattiesburg, MS
39401
601-545-9299 Lic. No. **18CCPF-7228**
Director: Ella Cobbert

Inspection

County Forrest

Date 11-19-20

Facility Name _____

License Number _____

Purpose Renewal

Capacity 50

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. _____	\$ _____

	Rm	Age	Child
1.	2	2/3	10
2.			
3.			
4.	4	4/5	14
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"/>
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 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"/>
Playground area clean, shaded, well maintained and equipped and fence in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play area clean, fenced, and adequately maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number 0)

Center Director/Individual

E. Cobbert

Child Care Representative

Jyonicia Kett
Shereah Dennis



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Smart Start Community School, LLC
412 JC Killingworth Rd., Hattiesburg, MS
39401

Program Review

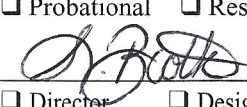
Facility Name 601-545-9299 Lic. No. **18CCPF-7228**
Director: Ella Cobbert

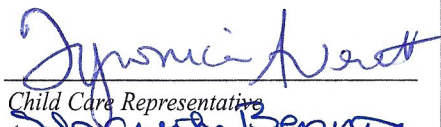

License No. _____ Date 11.19.20

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


Child Care Representative


Food Service Facility Inspection Results

PIMS ID	Facility	Date
	Smart Start Community School, LLC 412 JC Killingworth Rd., Hattiesburg, MS 39401 601-545-9299 Lic. No. 18CCPF-7228 Director: Ella Cobbert	11.19.20

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

NO critical violations	NA Facility issued an "A"
------------------------	---------------------------------

<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 ta
Please Remit within 10 days to:	

<u>Shalonda Booth</u> Certified Manager	<u>Tummy Safe</u> Licence Number Expires 2-7-22
Facility Signature <u>Shalonda Booth</u>	
Environmentalist Signature <u>Sharon Everett</u>	
White Copy - Facility Yellow Copy - PIMS Pink Copy - Environmentalist	

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

Food Establishment Inspection Report

Establishment	Smart Start Community School, LLC 412 JC Killingworth Rd., Hattiesburg, MS		Time in	
Address	39401	Zip	Telephone	
License/Permit#	601-545-9299 Lic. No. 18CCPF-7228 Director: Ella Cobbert		Permit Holder	Risk Level 2

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 applicableMark "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 11/1/20

Person in Charge (Signature) Shabonda B. B. B.

Inspector (Signature) Lynne A. A. A.



Smart Start Community School, LLC
412 JC Killingworth Rd., Hattiesburg, MS
39401
601-545-9299 Lic. No. 18CCPF-7228
Director: Ella Cobbert

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Program Review - Employee Records & Children's Records

Facility _____ License No. _____ Total Children 48 Total Personnel 3 Date 11-19-20

Employee's Name and Position	New Director's Orientation	Regulations	Playground Safety	Application for Employment	First Aid	CPR	Tummy Safe/Food Manager	Qualifications	15 Contact Hours	Date of Employment (Start Date)	Suitability Letter	New Employee Orientation	Comments
Ella Cobbert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sakesia Davis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shakia Hill	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shakia Hill	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Child's Name	Date of Birth	Home Address	Home Telephone Number	Business Telephone Number	Date of Acceptance	Liability Insurance	Special Needs Critical Info.	Pick Up and Drop Off List	Photography Authorization	Field Trip Authorization	Emergency Authorization	Record of Accidents	Immunization Form No. 121	Emergency Contacts	Comments
Jaylin Albert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baylei Allen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aubrey Arrington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dreya Barnett	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baileigh Buckley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Form No. 289

12/19/13

Mississippi State Department of Health

White Copy - Faculty

Yellow Copy - Operator

1.	Playground fence less than 3 ft. from surface. (Rule 1.11.9 (3), pg 48) in good repair with no gaps? (Rule 1.11.9 (3), pg 48)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 38)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	A/C units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (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 walkway? (CPSC 2.4.2.2-5, pg 16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sidewalks provide smooth walking surfaces? (no trip hazards) (CPSC 3.6, 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 fanning away from the playground area? (Rule 1.11.9 (5), pg 47)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Tree limbs at least 4 ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 13)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are use zones adequate? If not, where are they inadequate? (CPSC 3.3.9, pg 40)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	If swings are present, are 3-hooks in good repair? If not, state deficiency (CPSC 3.2.7)	<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 3.6.4-5, pg 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.3.1.2, 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 1.10.2.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is playground area clean & free of hazards? If not, state deficiency (Rule 1.11.11 (1), pg 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is wood smooth? Documentation provided that wood has been properly treated. (C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3.5

Director

Licensing Official

[Signature]

[Signature]

[Signature]