



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIIDate 8/31/09

Name <u>Fulcrum Headstart</u>	License No. <u>pending</u>
Address <u>699 Dublin</u>	Center/Organization/Individual
Purpose <u>Initial</u>	Director <u>Jackyle Carroll</u>
Mileage Start _____	Mileage End _____
County <u>Wash.</u>	Telephone No. _____
Time In <u>8:50</u>	Time Out <u>11:20</u> Total Time _____

Findings/Comments

Copy of sheet that explains everything needed in order to receive a temporary license.

XLC Tyson
Center Director/Designee

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 8/31/09Facility Name Fulwiler HeadstartLicense No. pending

$$B1) 22 \times 32 = 704 \div 35 = 20$$

$$2 \ 22 \times 32 = 704 \div 35 = 20$$

$$3 \ 22 \times 32 = 704 \div 35 = 20$$

$$4 \ 22 \times 32 = 704 \div 35 = 20$$

$$5 \ 22 \times 32 = 704 \div 35 = 20$$

$$6 \ 22 \times 32 = 704 \div 35 = 20$$

$$\frac{120}{80}$$

$$D) 4) 22.5 \times 32 = 720 \div 35 = 20$$

$$5) 22.5 \times 32 = 720 \div 35 = 20$$

$$6) 22.5 \times 32 = 720 \div 35 = 20$$

$$1) 22.5 \times 32 = 720 \div 35 = 20$$

$$\text{man Bldg } 1) 23 \times 35 = 805 \div 35 = 23$$

$$2) 22.9 \times 37 = 847.3 \div 35 = 24$$

360 by sq footage Estimate

To get 360 children need 10 more Sui
1 more toilet

L.C. Tyson
Center Director/Designee

Cynthia Lewis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name <u>Fulwider</u>	Date <u>8/31/09</u>
Physical Address <u>699 Dublin</u>	
Operator <u>WCOT</u>	Daytime Telephone Number _____
<input checked="" type="checkbox"/> Commercial Facility <input type="checkbox"/> Occupied Residence <u>Before 1965</u> Year Building was constructed	
Total # of Floors _____ # of Floors Used for Child Care _____ # of Rooms _____ # of Rooms Used for Child Care _____	
Construction: Masonry _____ Brick <input checked="" type="checkbox"/> Frame _____ Metal _____ Other _____	

I. Building/Grounds

A. General

Yes	No	NA	
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- | | | | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Install two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Install plug covers on all outlets. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require <u>carbon monoxide monitors</u> to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters must be removed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Install adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Hang child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Install additional lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Install telephone accessible to caregivers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Install individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Provide diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Post emergency evacuation plan. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Buildings constructed prior to 1965 shall be tested for lead. |

B. Kitchen/Food Preparation Area (continued)

Yes No NA

- ☐ ☒ ☐ 3. Install approved stove hood, vented to outside per fire codes.
- ☒ ☐ ☐ 4. Install separate freezer when 50+ children are served.
- ☐ ☐ ☐ 5. Install approved dishwasher. _____
- ☐ ☐ ☐ 6. Install three (3) compartment sink.
- ☐ ☐ ☐ 7. Install food preparation sink.
- ☐ ☐ ☐ 8. Install mop sink.
- ☐ ☐ ☐ 9. Install handwashing sink. Note – All sinks must have hot and cold water.

C. Grounds

Yes No NA

- ☒ ☐ ☐ 1. Install an approved play area with fence.
- ☒ ☒ ☐ 2. Remove all hazards including non-approved playground equipment.
- ☒ ☐ ☐ 3. Playground equipment must be approved before installation.
- ☐ ☐ ☐ 4. Playground must be completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil must be tested for lead.
- ☐ ☐ ☐ 7. Other _____
- _____
- _____

II. Furniture And Equipment**A. Furniture**

Yes No NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Furniture

Yes No NA

- ☐ ☐ ☐ 1. Approved location of laundry equipment
- ☐ ☐ ☐ 2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities)
- ☐ ☐ ☐ 3. Approved bedding – ☐ cribs ☐ cots ☐ pads

Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

Yes No NA

- ☒ ☐ ☐ Comply with local zoning, building and fire safety codes.

IV. Recommendations

Operator/Center/Date

L.C. Tyson

Licensing Officer

[Signature]