



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 8/5/2021

Name	<u>Heaven's Angels Daycare And Preschool</u>		License No.	<u>Pending</u>
Address	<u>347 Dr. ML King Dr.</u>			
	Center/Organization/Individual			
Purpose	<u>Initial</u>	Director	<u>Tonya Platt-Boyd</u>	
Mileage Start		Mileage End		
County	<u>Chickasaw</u>	Telephone No.	<u>662-401-7602</u>	
Time In		Time Out	Total Time	

Findings/Comments Here to conduct an initial inspection. Upon arrival the licensing met with the director/owner Tonya Platt-Boyd.

The LO provided the facility with the following on today's visit:

- Pocket Guide to Food Code (Blue)
- Checklist
- Complaint Card (Yellow)
- Director's packet via email: Child enrollment, Employment application, medication log, fire drill form, Sign in/out sheet, Staff contact hours, Staff roster, child's roster, incident report, daily records of accidents, Smoke free sign, wash hands signs, and Regulations Summary.

LO's measured two classrooms and Room 1 measured for 19 infants or 21 children; Room 2 measured for 27 children.

* Facility's maximum Capacity is Self limited to 41 based on Classrooms.

Floor plan and Max Capacity Worksheet was discussed and Signed by the licensing Officials and Owner/director.

LO Completed Form 286; All Out's must be Corrected and Completed before a temporary license will be issued.

Also be Sure to Complete items ~~not~~ missing on the Child Care Checklist.

Tonya Platt-Boyd
Center Director/Designee/Individual

Gracie Platt
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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**Child Care Encounter
(Continuation)**Date 8-5-21Facility Name Heaven's Angels License No. Pending

Playground Checklist was Completed as well. All Out's
Marked must be corrected.

- Overgrowth on fencing
- Surfacing underneath Swings 9in depth left all the way around
- S-hooks tighten to width of a dime
- Grass Cut as well

Facility will contact the licensing when facility is ready
for the Final Walk through. ~~all out's~~ All Out's
must be Completed.

Questionnaire provided to the director/owner.

Tonya Platt-Boyd
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 8-10-21

Name	<u>Heaven's Angels Daycare 3 Preschool</u>	License No.	<u>Pending</u>
Address	<u>347 Dr. MLK Dr. Houston, MS 38851</u>		
	Center/Organization/Individual		
Purpose	<u>Final Initial</u>	Director	<u>Tonya Platt - Boyd</u>
Mileage Start		Mileage End	
County	<u>Chickasaw</u>	Telephone No.	<u>662-401-7602</u>
Time In	<u>9:22</u>	Time Out	
		Total Time	

Findings/Comments Here to conduct a final initial inspection.
Upon arrival the licensing met with the Owner/director
Tonya Platt - Boyd.

*All Out's on Form #286 are now in Compliance and
 have been marked In. qd

Playground deficiencies: Overgrowth on fencing, grass cut, and
 Swings were removed.

LO Waiting on Current CDA Renewal letter for the director
 to be Submitted to the licensing. Please Send via email to
 Shenika. Pratt@msdh.ms.gov.

LO also rec'd a letter verifying Water/Sewer System. Facility
 will Submit a copy of first bill when received. Please
 Submit to the email address listed above for licensing.

Once LO rec'd the letter for CDA Renewal or a Qualifying
 director. LO will Send the Code to the facility to pay
 licensing fee of \$260.00.

When the licensing fee is Paid LO will Send license and
 Food Permit to the facility.

Tonya Platt-Boyd
 Center Director/Designee/Individual

San Pratt
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name Heaven's Angels Daycare Date 8-5-21
 Physical Address 347 M L King Dr.
 Operator Tonyla - Platt Daytime Telephone Number 662-401-7602
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 2 # of Rooms 2 # of Rooms Used for Child Care _____
 Construction: Masonry _____ Brick ☒ Frame _____ Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

In Out NA

- 8-10-21 ☒ ☐ ☐ 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
- ☒ ☐ ☐ 2. Walls – ☒ clean ☐ repair ☐ paint ☐ replace
- ☐ ☐ ☐ 3. Floors – ☒ clean ☐ repair ☐ paint ☐ replace
- ☐ ☐ ☐ 4. Ceiling – ☒ clean ☐ repair ☐ paint ☐ replace
- ☒ ☐ ☐ 5. Plug covers on all outlets.
- 8-10-21 ☒ ☒ ☐ 6. Barriers installed as needed – ☐ kitchen ☐ stairways ☒ windows ☐ porches ☐ other _____
- ☐ ☐ ☐ 7. Handrails – ☐ steps ☐ landings ☐ toilets ☐ other _____
- ☐ ☐ ☐ 8. Heating/cooling – ☒ gas ☒ electric ☐ other _____
 Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
- ☐ ☐ ☐ 9. Unapproved heaters (must be removed).
- ☒ ☐ ☐ 10. Adequate, proper heating and/or cooling systems.
- ☒ ☐ ☐ 11. Child safe thermometers at child level in every room utilized by children.
- ☒ ☐ ☐ 12. Adequate lighting. Note – All lights must be shielded.
- ☒ ☐ ☐ 13. Telephone accessible to caregivers.
- ☒ ☐ ☐ 14. Individual compartments or hooks for each child.
- 8-10-21 ☒ ☒ ☐ 15. 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 _____.
- 8-10-21 ☒ ☒ ☐ 16. Approved – ☐ waste water ☐ water supply
- ☒ ☐ ☐ 17. Emergency evacuation plan posted.
- 8-10-21 ☒ ☒ ☐ 18. Hot and cold running water at all handwashing sinks.
- ☒ ☒ ☐ 19. Building constructed prior to 1965 has been tested for lead.

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☒ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. _____
- ☒ ☐ ☐ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- 8-10-21 ☒ ☒ ☐ 1. Approved play area with fence.
- ☒ ☒ ☐ 2. All hazards including non-approved playground equipment removed.
- ☒ ☒ ☐ 3. Playground equipment approved before installation.
- ☒ ☒ ☐ 4. Playground completed before opening for business.
- ☒ ☒ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☐ ☐ ☐ 7. Other _____

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

In Out NA

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

B. Equipment

In Out NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☒ ☐ ☐ 3. Approved bedding - ☒ cribs ☒ cots ☐ pads

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

III. Other

In Out NA

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

IV. Recommendations

Sonya Platt - Boyd
Operator/Center/Date

Camia Platt
Licensing Officer
Kristen Taylor