

il I	Cilia Care Encounter	12 25
District	1	Date 10-03-02
Name ABC ACAMINA 1	Content License No. Penal	incl
Address 80 HWU	West Oxford, m. 38/055	
Liniar DV	Center/Organization/Individual	alchaeol
Purpose	Director JMM2 50	1 B MUCI
Mileage Start	Mileage End	11124
County OTHE	Telephone No.	9074
Time In	Time Out Total Time	
Findings/Comments	al clocuments from the cli	poton of
The Hall H	11 deficiencies, that was a	Red on
- Unit (WE) Entit	ounter (10+00 09-30-82	was corrected
	,	
		Λ.
Center Director/Designee/Individual	Meka Bratcher	White Copy - Facility File Yellow Copy - Operator
Director/Designee/maryidal	Child Care Representative	entrono tel t

Mississippi State Department of Health

Revised 6-24-09

Form No. 287



Child Care Facility Inspection County Date License Number Purpose Capacity Other Items - Must be corrected Out COS In N/A Children's belongings separated/stored Evacuation plans posted All Items In Red Are Critical Out COS Menus posted and served Qualified director present Plan of activities Proper staff to child ratio present Room and playground capacity met **Building and Grounds** Center capacity met Walls, ceilings, floors, toys, equipment License/complaint visible clean and in good repair П Certified food manager Lighting approved Sanitation Approved Heating/cooling approved Garbage and garbage bins maintained Ventilation adequate Vector control maintained Glass approved and shielded Water system approved and functioning Telephone on premises, available, Waste water system approved and functioning П and functioning Electrical outlets protected Food service approved Large appliances located properly Sinks and toilets working properly **Possible Monetary Penalty** Hot water at all sinks, not to Monetary Penalty exceed 120° Children barred from kitchen П Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good working order Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers Age/Child/Staff Name and thermometers placed properly and in good working order П 1. First aid kits stocked and easily accessible 2. П 3. Playground area clean, shaded, well drained and equipped and fence in good 4. repair П 5. Playground equipment meets standards 6. Pool area clean, fenced, and adequately maintained 7. Diaper changing stations adequate in number and each fully supplied (number

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Center Director/Individual

Child Care Representative



Child Care Facility Data Sheet

Facility Name HBC ACIMINA COHOL Date 10-03-20	- 8
Physical Address (10) H(1)7 (0) WG+ ()Y+()YH(1)MS 38(05)	
Operator Annie, Bulk hen Chaytime Telephone Number 000-234-4074	_
Commercial Facility Occupied Residence Year Building was constructed	l
Total # of Floors # of Floors Used for Child Care # of Rooms # 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	
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.	
☐ ☐ 6. Barriers installed as needed — kitchen ☐ stairways ☐ windows ☐ porches ☐ other	
□ □ Д 7. Handrails — □ steps □ landings □ toilets □ other	
Д □ □ 8. Heating/cooling - □ gas Д 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.	
☐ ☐ 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	
☐ ☐ 16. Approved — ☐ waste water ☐ water supply	
☐ ☐ 17. Emergency evacuation plan posted.	
☐ ☐ 18. Hot and cold running water at all handwashing sinks.	
☐ ☐ 19. Building constructed prior to 1965 has been tested for lead.	

B. Kitche	n/Foo	d Prep	paration Area
In C	Out	NA	
D			1. Adequate refrigeration with thermometer.
	<u> </u>		 Adequate cooking appliances (stoves/microwaves/ovens) Note - Number and Type must be based on menu evaluation and number of meals to be prepared. 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.
		D	7. Food preparation sink.
		A	8. Mop sink.
D			9. Handwashing sink. Note - All sinks must have hot and cold water.
C. Groun	ds Out	NA	
			1. Approved play area with fence.
			2. All hazards including non-approved playground equipment removed.
	_	_	3. Playground equipment approved before installation.
6	٥	٥	4. Playground completed before opening for business.
Z Z	_	٥	5. Safe arrival/departure areas.
/		٥	6. Soil tested for lead.
9		٥	7. Other
u	_	_	7. Outcl
II. Furnitu	ro An	d Fuir	oment
A. Furn		u Lui	Sheller and the state of the st
	Out	NA	
6			1. Appropriate
Ø			2. Child size
9			3. Adequate number
B. Equi	pment	t ii	
In	Out	NA	
		SA	1. Approved location of laundry equipment
			2. Recommended toys appropriate for ages of children are available.
P			3. Approved bedding − □ cribs □ cots □ pads
6.1			Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
III. Other	Out	NA	
		. 0	Complies with local zoning, building and fire safety codes.
IV. Recom			
IV. Recon	micin	autioi	
1			
V 17 17 17 17 17 17 17 17 17 17 17 17 17			
Operator/Cent	au/D		Licensing Officer
Sperator/Cent	UIDUIC		



MISSISSIPPI STATE DEPARTMENT OF HEALTH

1	Child Care Encounter	9-21-00
District District	The Market The I	Date
Name Address	License No. PCM	3365
Purpose Finial	Center/Organization/Individual Director Director	Surk hood
Mileage Start	Mileage End	The Alice Control
County Laslugte.	Telephone No.	4-4074
Time In 130	Time Out Total Time	TIME
Findings/Comments — COMMENT OF THE C	Hated De Joro. 1 Cluted 8-10-33 road 1 Councit Abort R	Completed.
the sollowing	the following will to the following with the following will to the light force the craftor and the control of t	before Tempora Led Deloyo: Snom Old
o bill posts	ved or frey oraf round	B must
Place ban Sence D	ied to the pottom of	Hat Grand
Provider Statement of the Old Jocation of	rounday DC+3, 208	e Chosed Ot 2. Will re-open
Center Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator
Mississippi State Department of Health	Limberised 6-54-69 WW	Form No. 287



	Child Care Encounter	XC IX nn
District		Date 08 10 -00
Name FBC BCCOMING	Chtc License No. 11	nding
Address X (1) //W (1) -	Center/Organization/Individual	Blickhead
Purpose 411 4 4 70110W - 1	Director 14/11/C	UM IIII
County A Fall PHC	Mileage End Telephone No. / / / / / / / / / / / / / / / / / / /	34-4074
Time In Time O	101.10	
Findings/Comments Here Hold	Which a follow up	Mospection /
Unitial Contraction	2	0.07
The following We	as Conducted and	1 Completed
Form Beg paced	Zoning + dot of Co.	nstruction
measure ments for 1	layground II	
Thy Outs that Is I	Nuched On Form	086 + 08/ MUST
COLUITECE (1 CONTO)	e remporary nec	ME 10 100UCCI.
The Sollowing defici	ciencies has to be	e corrected
Coc oping.	1 1 .	
POSTING OF AUTIS	chedule	
Proper Junt Bulb	Shatter Druf) U	1 Clasram #124
bolt clowas Cubbics	to secure them	/
o Roppinged Fire Par	m 333	1
· parrier 70 prevent	entrance of the P	hitchen Cirea.
policy cond	procedure Hand how	K Should include
anie Burkheal	Jamika Bratche	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual	Child Care Representative	
Mississippi State Department of Health	Revised 6-24-09	Form No. 287

Child Care Encounter (Continuation)

Date 8.10-00

Facility Name ABC Learning Control License No. Pending
Sites Of emercency Relocation I miles & 5 miles Statement that States how Children will be transported Tuhat type of Vehicle & Insurance and who Will be transporting the Children
· Bemove hazard items from playground II
Clustroom. Dot approved at this time, sinks are not included in todays Capacity york sheet 8:10-22 photos was taken and review is in
Water bill with Aucility address on document.
Fire Form that dated 7-21-22 requires to make Corrections by 9-31-80. Approved needed
All cliaper Changing Sinks do not have 140+ running water #3 Classroom. Hot water Can exceed 1980
o Kitchen Inspection was conducted but not approved the fucility transporting Kitchen Equipment from Old Occition to the new Jocation and the OUTS On Joyan 386
Tacility States they will be Utilizing Church refrigeator Until Childcare re-Present is transported. Firethy lubel for claycare be present. (Usage)
Onie Burcheal Center Director/Designee/Individual Child Care Representative White Copy - Facility File Yellow Copy - Operator White Copy - Facility File Yellow Copy - Operator



Child Care Facility Inspection						
County AUTUPTE	Date 8-/0-92					
Facility Name 130 Janne 160	License Number_PCA	din	(1		110000000000000000000000000000000000000	
Ma Trattallan 110	acity					
Purpose Unificial Follow Cap						
All Items In Red Are Critical Qualified director present Proper staff to child ratio present Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities		Out	cos	N/A	
Room and playground capacity met Center capacity met License/complaint visible Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	A				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning	Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,	NO TO SERVICE STATE OF THE PARTY OF THE PART				
Waste water system approved	and functioning	X				
and functioning Food service approved	Electrical outlets protected Large appliances located properly Sinks and toilets working properly	NA PARTIES AND THE PARTIES AND				
Possible Monetary Penalty Monetary Penalty	Hot water at all sinks, not to exceed 120°		Z.			
1\$	Children barred from kitchen Vending machine snacks meet		P			
2\$	nutritional guidelines, if present Exits, doors and fastening devices					
3\$	single action approved and in good working order	Ø				
5\$	Exits unobstructed Required smoke detectors, carbon	Ø				
Age/Child/Staff Name	monoxide monitors, fire extinguishers and thermometers placed properly and	1				
1.	in good working order First aid kits stocked and easily accessil	ala 🗆				
2.	Playground area clean, shaded, well	JIE [
3.4.	drained and equipped and fence in good repair		N			
5.	Playground equipment meets standards	Ø				
6	Pool area clean, fenced, and adequately maintained				Ø	
	Diaper changing stations adequate in number and each fully supplied (number)	111	wik	n A	not	
Center Director/Individual Usus Suddeau	_ Child Care Representative	111	M	10	Abu	
White Copy - Facility File Yellow Copy - Facility Operator		2 DM	1 le	un	elle	

12-10-08

Mississippi State Department of Health



Child Care Facility Data Sheet

Facility Name ACC Segming Chery Date 08-10-22
Physical Address 80 High Way 10 Wife 1xtord MS 38(0)5
Operator 1-Unic Burk Colloaytime Telephone Number 111-234-4074
Commercial Facility Occupied Residence
Total # of Floors # of Floors Used for Child Care # of Rooms # 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
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.
☐ 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. (Infant-Room#1)
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
☐ ☐ 16. Approved — ☐ waste water ☐ water supply
☐ ☐ 17. Emergency evacuation plan posted.
18. Hot and cold running water at all handwashing sinks. (Diapering Sinks)
☐ ☐ 19. Building constructed prior to 1965 has been tested for lead.

B. Kitch	nen/Foo	od Prej	paration Area
In	Out	NA	is use much retricteration
M	Ø		1. Adequate refrigeration with thermometer Will use Church refrigeration
A			 Adequate cooking appliances (stoves/microwaves/ovens) Note - Number and Type must be based on menu evaluation and number of meals to be prepared. Approved stove hood, vented to outside per fire codes.
-	1		4. Separate freezer when 50+ children are served.
_			5. Approved dishwasher.
			6. Three (3) compartment sink.
			7. Food preparation sink.
			8. Mop sink.
Ø			9. Handwashing sink. Note – All sinks must have hot and cold water.
C. Grou	ınds		
In	Out	NA	
Ø			1. Approved play area with fence.
	A		2. All hazards including non-approved playground equipment removed. (Playgracend #2)
		A	3. Playground equipment approved before installation.
	A		4. Playground completed before opening for business.
Ø			5. Safe arrival/departure areas.
A			6. Soil tested for lead.
			7. Other
II. Furnitu		d Euip	oment
A. Furi			
ln	Out	NA	1 Annuariota
			1. Appropriate
1			2. Child size
2			3. Adequate number
в. Equ In	ipment Out	NA	
_			1. Approved location of laundry equipment
			2. Recommended toys appropriate for ages of children are available.
1			3. Approved bedding − □ cribs □ cots □ pads
			Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
III. Other	r		
In	Out	NA	
			Complies with local zoning, building and fire safety codes.
IV. Recon	nmend	ation	s troop of zonna custative a curing
	PC Tre	D C	entation bang cored in scool was restrict to the facility perate a licensed shill care facility.
			1 14 () (Manual 15 (Dialahant)
Operator/Cen	ter/Date	7/	Surkhas Hidensing Officer Lieensing Officer
White Cop Mississipp			e Yellow Copy - Operator nent of Health Revised 8-05-09 Form No. 286



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

.8.2	Ciliu	Care circumter	A 1
District		_	Date 11 12 21
Name_AB	C Learning Center	License No. Per	idina
Address 8	6 Huy 6 West Center	And 38655 Organization/Individual	0
Purpose J	rital	Director Annie T	Renthead
Mileage Start_		Mileage End	
	afayette	Telephone No. Lde 2-2	34-4074
Time In 4.	30 Time Out 11	. 10 Total Time	
Findings/Con	nments Heve for an iv	nitial inspection.	
The	Director's Packet	"Kegulations Su	
and the second s	and Child Cere a	necklist have be	en arralled
	o the provider.		
The	following were	given to the pro	vider teday:
	- Complaint Posts	8	ν
***************************************	- No Smoking Post		
	- Hondwashing Po	sters	
	DILLE 1000 CODE	COL	
Form 2	281 & 280 have been	completed. Please	See these borns
	as to complote. Any	thing marked a	it on Ferm
		must be in	
DE 70	me a temporary 1	1 CENIOR 12 12211	<i>C</i> 0.
Floor	Plans and Max C	apaciter wonks	nets have
08	en completed, chis	sussed and si	ghed.
12000	I on I do to made	surements. The	2 Cachillus
Dane	301,48000 11 1600	of dux to the	NOW O WHOLL
SID	e.	N Out 10 GIVE	programme
-			
Center Direct	i Bulled Lindividual Child	Mulely Child	White Copy - Facility File Yellow Copy - Operator
Mississippi Sta	ite Department of Health	ma 18 Revised 6-24-09	Form No. 287



Page Zof Z

Date 11/17/7071

Child Care Encounter (Continuation)

Facility Name ARC Learney Center License, No. Hending
The provider exceld, like to be the facility.
constitute be set at 90. The provider most
add 379 soliane feet to the poureraind
space (or 2nd playaround) to be Heensed
and facility councity set at 90.
BDD recommends adding 400 square tee
of volume round spaced at least
0:0000
annie Burkherd Kombrell Clark White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual Child Care Representative
Genica no



Child Care Facility Inspection

County La fayette Date 11/12/21						
Facility Name ARC Learning Center License Number Pending						
Purpose Initial		_ Capacity				
Qualified director present	N/A D	Other Items - Must be corrected In Out COS N/A Children's belongings separated/stored Evacuation plans posted IN				
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager	DAM	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,				
Water system approved and functioning Waste water system approved		and functioning				
and functioning Food service approved Possible Monetary Penalty	· 🗆	Electrical outlets protected Large appliances located properly Sinks and toilets working properly				
Monetary Penal 1 \$	lty	Hot water at all sinks, not to exceed 120°				
2\$\$		nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good				
4\$		working order Exits unobstructed				
5 S Age/Child/Staff Name		Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order				
1. 2.	_	First aid kits stocked and easily accessible \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
3. 4.		Playground area clean, shaded, well drained and equipped and fence in good repair				
5.		Playground equipment meets standards				
6.		Pool area clean, fenced, and adequately maintained				
Center Director/Individual Aburbhum Center Director/Individual Aburbhum Child Care Representative Kurnbuchukhum White Copy - Facility File Yellow Copy - Facility Operator						
Mississippi State Department of Health		12-10-08 Form No. 281				



Child Care Facility Data Sheet

Facility	Name	AR	6C Learning Center Date 1/12/21				
Physical Address 8101 Hwy (0 West, Oxford 38655							
Operator Annie Burkhead Daytime Telephone Number 662-234-4074							
Operator Annie Durchead Daytime Telephone Number 6622231 1014							
Commercial Facility Occupied Residence Whyow Year Building was constructed							
Total # of Floors # of Floors Used for Child Care # of Rooms # of Rooms Used for Child Care							
Constru	iction:	Maso	onry Brick Frame Metal X Other				
I. Building	/Grou	nds					
Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply							
A. Genera	al						
In	Out	NA	*				
P			 Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. 				
B	a		2. Walls — Clean Prepair Paint Preplace				
	B		3. Floors — □ clean □ repair □ paint □ replace				
	B		4. Ceiling — □ clean □ repair □ paint □ replace				
0	12		5. Plug covers on all outlets.				
B		0	6. Barriers installed as needed − 🗖 kitchen 🚨 stairways 🗀 windows 🚨 porches 🗀 other				
	B		7. Handrails – □ steps □ landings □ toilets □ other				
۵	B	۵	8. Heating/cooling — ☐ gas ☐ electric ☐ other				
		D	9. Unapproved heaters (must be removed).				
B			10. Adequate, proper heating and/or cooling systems.				
	A		11. Child safe thermometers at child level in every room utilized by children.				
	A		12. Adequate lighting. Note – All lights must be shielded.				
B	0		13. Telephone accessible to caregivers.				
	B		14. Individual compartments or hooks for each child.				
	B		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				
	B		16. Approved − □ waste water □ water supply				
	B		17. Emergency evacuation plan posted.				
	B		18. Hot and cold running water at all handwashing sinks.				
٥	B		19. Building constructed prior to 1965 has been tested for lead.				

	B. Kitch	en/Foo	d Pre	paration Area
	ln	Out	NA	
		D		1. Adequate refrigeration with thermometer.
		D		 Adequate cooking appliances (stoves/microwaves/ovens) Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
	A			3. Approved stove hood, vented to outside per fire codes.
	B			4. Separate freezer when 50+ children are served.
	B			5. Approved dishwasher.
	B			6. Three (3) compartment sink.
			B	7. Food preparation sink.
			D	8. Mop sink.
	S			9. Handwashing sink. Note - All sinks must have hot and cold water.
(C. Grou	nds		
	In	Out	NA	
	B			1. Approved play area with fence.
			_	2. All hazards including non-approved playground equipment removed.
			ar.	3. Playground equipment approved before installation.
	B			4. Playground completed before opening for business.
	B			5. Safe arrival/departure areas.
		Z		6. Soil tested for lead.
				7. Other
11.	Furnitu		d Euip	oment
	A. Furr	Out	NA	
)		1. Appropriate
	_	B		2. Child size
		B		3. Adequate number
		ipment		5. Adequate numer
	In	Out	NA	
	B			1. Approved location of laundry equipment
		B		2. Recommended toys appropriate for ages of children are available.
		B		3. Approved bedding − □ cribs □ cots □ pads
				Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
	Other		10/7/2012	
	ln 🗆	Out	NA	Complies with local zoning, building and fire safety codes.
IN/	Recon		800	
۱۷.	Recon	innena L	auon :0	
E	cher	7 141	12	information will need to be submitted to kimberly
L	an	e, Br	20	light courings over all lighting in bacility. Windows
L	ЛΙΙ_	nee	OL,	to be secured with either shatter proof film
0	LS	Ome	_ t	upe of barrier (ie. plexiglass or lattace work) up
女	2 4	++	•	rom the bloor.
Ope	ralbr/Cen	i Bu ter/Date	urleho	Licersing Officer
	ite Cop			
MI	ssissippi	State L	peparti	ment of Health Revised 8-05-09 Form No. 286