

MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Jounds			Date 12/03/2	0				
County Journal Habou Start #3 License Number #729/								
Purpose Program Renewal Capacity IND								
All Items In Red Are Critical Oualified director present	In Out COS	N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	= DONO	Out	cos	N/A	
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible			Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair		0			
Certified food manager Sanitation Approved Garbage and garbage bins maintained			Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded	poppa				
Vector control maintained Water system approved and functioning Waste water system approved and functioning			Telephone on premises, available, and functioning Electrical outlets protected Large appliances located properly	DAY D				
Food service approved Possible Monetary Penalty	Monetary Penal	ty	Sinks and toilets working properly Hot water at all sinks, not to exceed 120° Children barred from kitchen					
2.	\$ \$		Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good				Ø n	
4.	ss		working order Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers	70				
Age/Child/Sta	ff Name		and thermometers placed properly and in good working order				10	
2. 3.			First aid kits stocked and easily accessible Playground area clean, shaded, well drained and equipped and fence in good repair				6	
4. 5.			Playground equipment meets standards				D.	
6.			Pool area clean, fenced, and adequately maintained				7	
Center Director/Individual			Diaper changing stations adequate in number and each fully supplied (number) Child Care Representative	yr.		y U	alpi	

White Copy - Facility File Yellow Cop Mississippi State Department of Health

Yellow Copy - Facility Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

4 Cilia Care Li	Date 10/3/30
District 7	License No. # 7291
Name Happy Start # 5	11 bus ms 39701
Address Center/Organization/I	Individual
Purpose Polynam Renewal Direct	tor Slovia Jords
Mileage Start Mileage	End
County_Soundled Telephone	
Time In Time Out	Total Time?
Findings/Comments	a processam renewal
100 (8 CARACT	met with a director
* director hold & anoth	or sacity.
& Director or designe of garrier 10 hor	information inton
* Director al alegran	to Rule 1.52 3 Although an
	day ment prior to the rulliving
Marian of the amplified of state	rus " at no time shall the
Confirmation of the individual to	provide Unsupervised Care or
left alone, it wasten duing work	through and 1) state without
Based on observation was left a	lone with since one year olds
	to mot left a lone with contained to day 12/3/20. Wellet to town
until letter of suitability starting to	Hay pling active at only
Technial assistance fronteed in a second	Slew
to the second distribution of the second distrib	oriding additional Stap to
facility has been corrected by or	a Pereno
ROLLAND WE WILL of Computed	in three & days to week
files Delitha tevens	may Moult in a.
monetay penalty. Repeated line	alex may result in
the delibling on the penalty.	Suspendent or reweatier
Center Director/Designee/Individual Child Care Representation	White Copy - Facility File Yellow Copy - Operator