



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Data Sheet

Facility Name	<u>The Little Light House</u>		Date	<u>5/17/2021</u>
Physical Address	<u>6000 Old Canton Rd. Jackson, MS 39211</u>			
Operator	<u>Frances Patterson</u>	Daytime Telephone Number	<u>601-956-6131</u>	
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	<u>2004</u>	Year Building was constructed	
Total # of Floors	<u>2</u>	# of Floors Used for Child Care	<u>1</u>	# of Rooms <u>5</u> # of Rooms Used for Child Care <u>5</u>
Construction: Masonry	<input checked="" type="checkbox"/>	Brick	<input checked="" type="checkbox"/>	Frame <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>

### I. Building/Grounds

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

#### A. General

- | In                                  | Out                                 | NA                                  |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.  |
| <input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Plug covers on all outlets.   |
| <input checked="" 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 checked="" 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 _____<br>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. |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed).   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 10. Adequate, proper heating and/or cooling systems.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11. Child safe thermometers at child level in every room utilized by children.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 12. Adequate lighting. Note – All lights must be shielded.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 13. Telephone accessible to caregivers.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 14. Individual compartments or hooks for each child.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 15. Diaper changing stations in all rooms housing children who are not toilet trained.<br>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 checked="" type="checkbox"/> | <input type="checkbox"/>            | 17. Emergency evacuation plan posted.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Hot and cold running water at all handwashing sinks.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 19. Building constructed prior to 1965 has been tested for lead.   |

**B. Kitchen/Food Preparation Area**

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

**C. Grounds**

- | In                                  | Out                                 | NA                       |   |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 1. Approved play area with fence.                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 3. Playground equipment approved before installation.               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 4. Playground completed before opening for business.                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 5. Safe arrival/departure areas.                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 7. Other _____  |

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

- | In                                  | Out                                 | NA                       |                    |
|-------------------------------------|-------------------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 2. Child size      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 3. Adequate number |

**B. Equipment**

- | In                       | Out                      | NA                                  |  |
|--------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

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

**III. Other**

- | In                                  | Out                      | NA                       |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

**IV. Recommendations**

Please see the Child Care License Checklist  
For all documents needed.

Operator/Center/Date

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

Licensing Officer

Revised 8-05-09

Form No. 286





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 5/17/2021

Name	<u>The Little Light House</u>	License No.	<u>Pending</u>
Address	<u>6000 Old Canton Rd. Jackson, MS 39211</u>		
Purpose	<u>Initial Inspection/TA</u>	Director	<u>Fraunces Patterson</u>
Mileage Start	<u>N/A</u>	Mileage End	<u>N/A</u>
County	<u>Hinds</u>	Telephone No.	<u>601-956-6131</u>
Time In	<u>1:15pm</u>	Time Out	<u>2:30pm</u>
		Total Time	<u>N/A</u>

**Findings/Comments** Upon arrival licensing official and Branch Director Denise Love and Marlinda Beck Lee met with the director Frances Patterson and stated the purpose of the visit.

- The director was provided with a Child Care License Checklist of items needed to receive a Child care license.
- The facility was measured and the current maximum capacity is 45.
- A Floor plan was provided to LO.
- Wall thermometers, <sup>or</sup> ~~and~~ plug covers, and emergency evacuation plans are needed before approval.

Please see the Child Care Facility Data Sheet for all items listed out and work to correct and change to in.

The director will state in writing that the children at The Little Light House will not be using the same entrance/exit and restrooms as the current daycare program at this facility. This was also verbalized with the director during a phone conversation. The director will also add in writing that all the children are on special diets and the parents provide meals for the children. Due to the special needs of the older children, the director will place in writing that a diaper changing table will be added in the bathroom for ~~privacy~~ <sup>privacy</sup> of the older children. These items are needed before opening or approval.

[Signature]  
Center Director/Designee/Individual

[Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator