

To Shundra Givens

I am requesting that God's Littlest
Angels Kinder college ~~be~~ changed to
Blessed Kids of Solid Rock. This Daycare
center or license is not being sold to
anyone or transferred to anyone.

Latarsha Jackson
Latarsha Jackson

Rec. 11/11/15



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIIDate 12/10/14

Name	<u>God's Littlest Angels Kinder College</u>	License No.	<u>Pending</u>
Address	<u>306 South Street Cleveland MS</u>		
	Center/Organization/Individual		
Purpose	<u>Initial</u>	Director	
Mileage Start		Mileage End	
County	<u>Bolivar</u>	Telephone No.	
Time In	<u>1:37</u>	Time Out	<u>3:45</u>
		Total Time	

Findings/Comments This visit is for initial site visit. Latarsha Jackson assisted with the visit.

Measurement of seven rooms was completed.

Building: The following needs to be done

1. All lights must be shielded. Rule 1.11.1 (13) states all ceiling lights shall be shielded completely and encased in shatterproof materials
2. Walls need to be cleaned. Rule 1.11.1(12) state walls shall be kept clean & free of torn wall covering, chipped paint, broken plaster and holes
3. All electrical covers need covering. Rule 1.11.1(16) unused electrical outlet shall be protected by a safety plug cover.

Kitchen: barriers need to be in place to keep children out of kitchen
Rule 1.11.4 states, barriers approved by the local fire authority, shall be erected and doors shall be closed at all times.

In infant room, a barrier is need to block space that will be used to go to afterschool area.

For afterschool area, the afterschool children shall used the exit door for entrance and exit and the bathroom located on the hall, the preschool children will use bathroom in hall space in infant room outside the barrier area.

Playground: playground area will be measured after fence is in place

Latarsha Jackson
 Center Director/Designee/Individual

Shudu
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name God's Littlest Angels Kinder College Date 12/10/14
 Physical Address 306 South Street
 Operator Lakisha Jackson Daytime Telephone Number _____
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # 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 | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <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 type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input checked="" type="checkbox"/> other <u>infant room</u> |
| <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 type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" 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.
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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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

- ☐ ☒ ☐ 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

Sataria Jackson

Operator/Center/Date

Shunda E

Licensing Officer