



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

Date

12/28/20

Name

License No.

Address

Center/Organization/Individual

Purpose

Director

Mileage Start

Mileage End

County

Telephone No.

Time In

Time Out

Total Time

Findings/Comments

Here to conduct an initial inspection.

Facility Maximum Capacity 90 children, limiting factor hand sinks available. Please see form 286 39 1-2 28

Maximum Capacity worksheet 28)

Facility Data Sheet Form 286 Pgs (1-2) complete all items marked "Out" for final inspection.

Submit building date of construction, soil load test results letters of suitability, CPR 1st Aid for staff

"Child Care Questionnaire provided to Harley Middleton at the exit conference."

Harley Middleton
Center Director/Designee/Individual

Candace Suiet
Child Care Representative
Mary Hampton

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Shate Odyssey After School Date 12/28/20
 Physical Address 830 Louisville Street, Starkville, MS
 Operator Harley T. Middleton Daytime Telephone Number 662-323-8821
☒ Commercial Facility ☐ Occupied Residence (1988) Year Building was constructed
 Total # of Floors 2 # of Floors Used for Child Care 1 # of Rooms 4 # of Rooms Used for Child Care 4
 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 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. <u>okay</u> |
| <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. <u>(submit proof of date construction)</u>
<u>(1988) – okay</u> |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. <i>okay</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens) |
| | | | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Handwashing sink. Note - All sinks must have hot and cold water. |

C. Grounds

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input 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

Mapley Middleton
Operator/Center/Date

Rufus Lee
Licensing Officer
Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

IV

Date

1/5/2021

Name

Shate Odyssey After School

License No.

53CDPSA-17593

Address

830 Rowlesville Street Starkville, Ms 39759

Center/Organization/Individual

Purpose

Final Inspection

Director

Harley Middleton

Mileage Start

Mileage End

County

Oktibbeha

Telephone No.

662-323-8827

Time In

9:00

Time Out

9:30

Total Time

Findings/Comments

Here to conduct an initial inspection.

Form 286 Sys. 1-2: Individual compartments or hooks for each child complete

Refrigerator Thermometer complete

Grounds: - Approved play area w/ fence complete
 - All hazards including non-approved playground equipment removed complete
 - Soil lead Test - complete
 - Building Date Provided

Playground Measurements: $56.5 \times 10.25 = 578.125$
 $+ 10 \times 3.33 \times 14 = 486.1$
1064.225

Rec'd letters of Suitability, 121 Forms, Dev Insurance & Cpr/1st Aid Certification,

Harley Middleton
 Center Director/Designee/Individual

Paulette L. Lincee
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



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I. Building/Grounds

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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. okay
- ☐ ☐ ☐ 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. (submit Prof of date construction)
(1988) – okay

B. Kitchen/Food Preparation Area

In Out NA

- ☐ ☒ ☐ 1. Adequate refrigeration with thermometer. *OKAY*
- ☒ ☐ ☐ 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. *- complete*
- ☐ ☒ ☐ 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

Wapley Middleton
Operator/Center/Date

Rufus Lee
Licensing Officer
Mary Hampton