



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 5-2-13

Name <u>Community Pride Head START</u>	License No. <u>3190</u>
Address <u>454 Trolie St.</u>	<u>Canton MS 39046</u>
Center/Organization/Individual	
Purpose <u>Technical Assistance</u>	Director <u>Gloria Minter</u>
Mileage Start _____	Mileage End _____
County <u>Madison</u>	Telephone No. <u>601-859-2720</u>
Time In <u>10:15</u>	Time Out <u>12:00</u>
Total Time _____	

Findings/Comments Today I am here to measure some extra classrooms that are not used as classrooms at this time — Friends of Children might want to move some children to this center in the fall of 2013 —

The floor plan was checked and numbers were given to each classroom —

There are 17 classrooms across the front wing along with offices, staff room, and bathrooms.

There are 5 classrooms on the back wing — one is the meeting room — #18 — we measured #19 (a double room) #20, 21, + 22 — These four rooms could have a capacity of 96 children.

The front rooms were all measured in 2002 as $32 \times 20 = 640 \text{ sq. ft} \div 35 = 18$ — per classroom — or $17 \text{ classrooms} \times 18 = 306 \text{ capacity} \rightarrow \text{front wing}$ $17 \text{ classrooms} \times 19 = 323 \text{ capacity} \rightarrow \text{front wing}$ The building could have a capacity between 402 and 436 — but the other rooms would have to be remeasured (it has been 10+ yrs since the last measurement —

And the main problem is the number of sinks + toilets —

Gloria Minter
Center Director/Designee

Linda Buster
Child Care Representative
601-364-2827

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 5-2-13

Facility Name Community Pride H.S. License No. 3190

Counted today -

Toilets - $8 + 5 + 3 + 5 = 21 \times 15 = 315$ Urinals - $2 + = 2 \times 15 = 30$

345

Sinks - $6 + 6 + 4 + 5 = 21 \times 15 = 315$
 Bathrooms ARE MARKED on the floor plan -
 2 on the front wing + 2 on the back wing -

 The center actually needs 2 more sinks to
 have a capacity of 345 - which is the total
 for the TOILETS & URINALS -

 To increase the capacity of this facility -
 A whole new bathroom would have to be
 added - to take care of the new children -
Toilets $7 \times 15 = 105$ Sinks $7 \times 15 = 105$
 Gloria Winter
 Center Director/Designee/Individual

 Linda Buster
 Child Care Representative
 601-364-2827

 White Copy - Facility File
 Yellow Copy - Operator

Technical Assistance



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 5-2-13
Facility Community Pride HS. License No. 3190
Address 454 Trolie St. Canton MS Maximum/New Capacity X
39046

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standard only.

- Kitchen Size — 1,000 sq. ft.
(Minimum size - 90 sq. ft./Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- Handwashing Sinks — 21 x 15 = 315 (Preschool)

Handwashing Sinks — x 30 = (School Age)
(Do not count lavatories in kitchen or for use in diaper changing area.)

Diaper Changing Sinks —

- Toilets — 21 x 15 = 315 (Preschool)

Toilets — x 30 = (School Age)

Urinals — 2 x 15 = 30 (Both Licenses)
(Urinals shall not exceed 33 percent of the toilet fixtures)

- Playground Space 1 — x = ÷ 75 x 3 =

Playground Space 2 — x = ÷ 75 x 3 =
(Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

Playground Space 3 — x = ÷ 75 x 3 =
(Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- Indoor Space — Add the total of the room capacities listed below: Refer to section 11-2 of the regulations for required square footage per child based on age. All maximum room capacities are rounded down to the nearest whole number.

Conversion Chart

1"	= .083
2"	= .167
3"	= .25
4"	= .33
5"	= .417
6"	= .5
7"	= .58
8"	= .67
9"	= .75
10"	= .83
11"	= .917

Pg. = 12,000 sq. ft.

Room Name/No.	Measurements	Maximum Capacity
Classrooms —		
19 — double room	64.417 x 21.5 = 1384.96 ÷ 35 =	39
20	32 x 21.417 = 685.34 ÷ 35 =	19
21	32 x 21.5 = 688 ÷ 35 =	19
22	32 x 21.5 = 688 ÷ 35 =	19
Front hall —		
11	32.083 x 21.917 = 703.16 ÷ 35 =	20
14	32 x 21.83 = 698.56 ÷ 35 =	19
17	32 x 21.83 = 698.56 ÷ 35 =	19

Total Indoor Square Footage =

Maximum Facility Capacity =

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

Child Care Representative Linda Buster

Flagground

Back Wing

1	2	3	4	5	BATH	BATH	11	12	13	14	
6	7	8	9	10	Office	Office	Staff	Office	15	16	17

Community Pride Head Start # 3190
 454 Trolie St.
 Canton MS 39046

	19	20	21	22	BATH	BATH
	18		PANTRY	Kitchen		

Community Pride #3190
BACK WING - used for tutoring and other activities
 Classrooms are in the front wing —

Use of additional
Classrooms/Units to
accommodate additional
Children
Re-measurements



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 8/23/02
 Facility Community Pride License No. 45C4PH -3190
 Address 454 Grolier St. Maximum/New Capacity 360

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- **Kitchen Size** — x =
 (Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- **Handwashing Sinks** — x 15 = (Preschool)

Handwashing Sinks — x 30 = (School Age)
 (Do not count lavatories in kitchen or for use in diaper changing.)

- **Toilets** — x 15 = (Preschool)

Toilets — x 30 = (School Age)

Urinals — x 15 = (Both Licenses)
 (Urinals shall not exceed 33 percent of the toilet fixtures)

- **Playground Space 1** — x = + 75 x 3 =

Playground Space 2 — x = + 75 x 3 =
 (Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- **Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Conversion Chart

1" = .083
 2" = .167
 3" = .25
 4" = .33
 5" = .417
 6" = .5
 7" = .58
 8" = .67
 9" = .75
 10" = .83
 11" = .917

Room Name/No.	Measurements				Maximum Capacity
Unit # 1	32	x	20	= 640 ÷ 35	= 18
2	32	x	20	= 640 ÷	= 18
3	32	x	20	= 640 ÷	= 18
4	32	x	20	= 640 ÷	= 18
5	32	x	20	= 640 ÷	= 18
6	32	x	20	= 640 ÷	= 18
7	32	x	20	= 640 ÷	= 18
8	32	x	20	= 640 ÷	= 18
9	32	x	20	= 640 ÷	= 18
10	32	x	20	= 640 ÷	= 18

Total Indoor Square Footage = 12800

Maximum Facility Capacity = 360 (All rms utilized)

Facility Operator X Richard Stone

Licensing Official [Signature]

Fig. 2
Total Units/Rooms
Utilized 20



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 8/23/02
Facility Community Pride License No. 45C4PH-3196
Address 454 Iroquois St. Maximum/New Capacity 360

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

• **Kitchen Size** — x =
(Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

• **Handwashing Sinks** — x 15 = (Preschool)

Handwashing Sinks — x 30 = (School Age)
(Do not count lavatories in kitchen or for use in diaper changing.)

• **Toilets** — x 15 = (Preschool)

Toilets — x 30 = (School Age)

Urinals — x 15 = (Both Licenses)
(Urinals shall not exceed 33 percent of the toilet fixtures)

• **Playground Space 1** — x = + 75 x 3 =

Playground Space 2 — x = + 75 x 3 =
(Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

• **Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

Room Name/No.	Measurements				Maximum Capacity
Unit # 11	20	x	32	= 640 ÷ 35	= 18
12	20	x	32	= 640 ÷ 35	= 18
13	32	x	20	= 640 ÷ 35	= 18
14	32	x	20	= 640 ÷ 35	= 18
15	32	x	20	= 640 ÷ 35	= 18
16	32	x	20	= 640 ÷ 35	= 18
Ing. Rm (2 compartments) # 1	32	x	20	= 640 ÷ 35	= 18
Use of 2nd Section — # 2	32	x	20	= 640 ÷ 35	= 18
Ing Rm (Section 1) # 3	32	x	20	= 640 ÷ 35	= 18
" " " " # 4	32	x	20	= 640 ÷ 35	= 18

Total Indoor Square Footage = 12800

Maximum Facility Capacity = 360

Facility Operator Richard Stone

Licensing Official Shirley Zille



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet - pg. 1

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 5/3/01
 Facility Community Child Head Start Ctr License No. Pending
 Address 454 Tupelo St - Canton Maximum/New Capacity 306

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- Kitchen Size — 1000 x 10 = 1000
 (Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- Handwashing Sinks — 3 x 15 = 315 (Preschool)
 Handwashing Sinks — 3 x 30 = 90 (School Age)
 (Do not count lavatories in kitchen or for use in diaper changing.)

- Toilets — 12 x 15 = 360 (Preschool)
 Toilets — 12 x 30 = 360 (School Age)
 Urinals — 15 x 15 = 150 (Both Licenses)
 (Urinals shall not exceed 33 percent of the toilet fixtures)

- Playground Space 1 — 12000 x 1 = 12000 + 75 x 3 = 12000
 Playground Space 2 — 12000 x 1 = 12000 + 75 x 3 = 12000
 (Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- Indoor Space — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Room Name/No.	Measurements	Maximum Capacity
A	32' x 20' = 640 ÷ 35 = 18	18
B	4' x 11' = 44 ÷ 35 = 12	12
C	4' x 11' = 44 ÷ 35 = 12	12
D	4' x 11' = 44 ÷ 35 = 12	12
E	4' x 11' = 44 ÷ 35 = 12	12
F	4' x 11' = 44 ÷ 35 = 12	12
G	4' x 11' = 44 ÷ 35 = 12	12
H	4' x 11' = 44 ÷ 35 = 12	12
I	4' x 11' = 44 ÷ 35 = 12	12
J	4' x 11' = 44 ÷ 35 = 12	12
K	4' x 11' = 44 ÷ 35 = 12	12
L	4' x 11' = 44 ÷ 35 = 12	12
M	4' x 11' = 44 ÷ 35 = 12	12
N	4' x 11' = 44 ÷ 35 = 12	12
O	4' x 11' = 44 ÷ 35 = 12	12
P	4' x 11' = 44 ÷ 35 = 12	12
Q	4' x 11' = 44 ÷ 35 = 12	12
R	4' x 11' = 44 ÷ 35 = 12	12
S	4' x 11' = 44 ÷ 35 = 12	12
T	4' x 11' = 44 ÷ 35 = 12	12
U	4' x 11' = 44 ÷ 35 = 12	12
V	4' x 11' = 44 ÷ 35 = 12	12
W	4' x 11' = 44 ÷ 35 = 12	12
X	4' x 11' = 44 ÷ 35 = 12	12
Y	4' x 11' = 44 ÷ 35 = 12	12
Z	4' x 11' = 44 ÷ 35 = 12	12

Total Indoor Square Footage =

Maximum Facility Capacity = 306

Facility Operator

Licensing Official

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

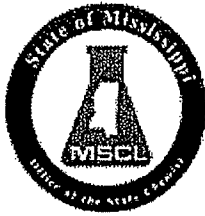


Any change in use of space will affect maximum capacity. Attach matching floor plans.

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- 1" = .083**
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

Form No 326



Mississippi State Chemical Laboratory
PO Box CR
Mississippi State, Mississippi 39762
(662) 325-3324

Date: 7/20/2012

Kevin L. Armbrust
State Chemist

Owner or Agent: 12070501

Name: Friends of Children of Mississippi Inc

Sample Date: 7/5/2012

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	17	mg/kg	Annie Devine	120705001-001

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	43	mg/kg	Brushy Creek	120705001-002

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	17	mg/kg	Cherry Grove	120705001-003

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	17	mg/kg	Community Pride	120705001-004

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	19	mg/kg	Crossroads	120705001-005

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	9.5	mg/kg	Dekalb	120705001-006

Test	Results	Units	Customer Sample ID	Lab Sample ID
Lead	3.6	mg/kg	Early Intervention	120705001-007

The Child Care Regulation adopted by the Mississippi State Department of Health on July 14th, 2004 states that the concentration of lead in daycare soil should not exceed 400 mg/Kg.

Dr. Jose M. Rodriguez
Director

OQuine, Tenille

From: OQuine, Tenille
Sent: Friday, May 08, 2015 8:08 AM
To: 'Community Pride'
Subject: RE: GOOD NEWS

Thank you.

G. Tenille O'Quine, MHSA
Child Care Licensure
Complaint Investigation Unit
Telephone: 601-364-2827
Fax: 601-364-5058

From: Community Pride [<mailto:compride@bellsouth.net>]
Sent: Thursday, May 07, 2015 6:21 PM
To: tenille.oquine@healthyms.com
Subject: GOOD NEWS

Good Evening,

Dr. Marvin Hogan Center was built in 2002. This school was built in 1974.

Good luck today.

Gloria Minter

OQuine, Tenille

From: Community Pride [compride@bellsouth.net]
Sent: Thursday, May 07, 2015 5:09 PM
To: tenille.ouquine@healthyms.com
Subject: Requested Information

Good Afternoon,

I went to the Chancery Clerk office after you left to get a date of when this building was built, but they didn't have it because it belongs to Canton Public Schools and is tax exempt. I called Canton Public School Central Office to speak with Mr. Brooks, he and his secretary was out. I called Mr. James Cropper at our Central Office to see if he could assist, he was out to lunch and a message was left. I spoke with Mrs. Griffin this afternoon and she is going to assist with getting the information. If Ms. Alma Williams at Dr. Hogan Center was able to get the information, she was to call it in to you. Just in case she didn't, I told Mrs. Griffin that you need the dates for both centers.

If I get anything before I leave at 6:00 today, I will forward it to you. If I get it in the morning, I will forward it to you.

Good luck tomorrow.

Gloria Minter

1-2015

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 18058 COMPANY ☒ COMMERCIAL ☐ PERSONAL
Philadelphia Indemnity Insurance Company
POLICY NUMBER PHPK1264784 EFFECTIVE DATE 12/1/2014 EXPIRATION DATE 12/1/2015
YEAR 1994 MAKE/MODEL CHEVROLET / G30 VEHICLE IDENTIFICATION NUMBER 1GBHG31Y5RF131881
AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
State-Wide General Insurance Agency, Inc 6013532421
3073 Lynch Street
Jackson, MS 39209

INSURED

FRIENDS OF CHILDREN OF MISSISSIPPI,
6425 LAKEOVER RD
JACKSON, MS 39213-8008

SEE IMPORTANT NOTICE ON REVERSE SIDE

59

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 18058 COMPANY ☒ COMMERCIAL ☐ PERSONAL
Philadelphia Indemnity Insurance Company
POLICY NUMBER PHPK1264784 EFFECTIVE DATE 12/1/2014 EXPIRATION DATE 12/1/2015
YEAR 2006 MAKE/MODEL FREIGHTLINER / FS65 VEHICLE IDENTIFICATION NUMBER 4UZAAWDH96CV19474
AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
State-Wide General Insurance Agency, Inc 6013532421
3073 Lynch Street
Jackson, MS 39209

INSURED

FRIENDS OF CHILDREN OF MISSISSIPPI,
6425 LAKEOVER RD
JACKSON, MS 39213-8008

SEE IMPORTANT NOTICE ON REVERSE SIDE

63

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

18058

COMPANY

Philadelphia Indemnity Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER

PHPK1264784

EFFECTIVE DATE

12/1/2014

EXPIRATION DATE

12/1/2015

YEAR

2003

MAKE/MODEL

FREIGHTLINER / FS65

VEHICLE IDENTIFICATION NUMBER

4UZAABW3CK46560

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER

State-Wide General Insurance Agency, Inc
3073 Lynch Street
Jackson, MS 39209

6013532421

INSURED

FRIENDS OF CHILDREN OF MISSISSIPPI,
6425 LAKEOVER RD
JACKSON, MS 39213-8008

SEE IMPORTANT NOTICE ON REVERSE SIDE

29

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

18058

COMPANY

Philadelphia Indemnity Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER

PHPK1264784

EFFECTIVE DATE

12/1/2014

EXPIRATION DATE

12/1/2015

YEAR

2002

MAKE/MODEL

CHEVROLET / EXPRESS

VEHICLE IDENTIFICATION NUMBER

1GBJG31F121231818

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER

State-Wide General Insurance Agency, Inc
3073 Lynch Street
Jackson, MS 39209

6013532421

INSURED

FRIENDS OF CHILDREN OF MISSISSIPPI,
6425 LAKEOVER RD
JACKSON, MS 39213-8008

SEE IMPORTANT NOTICE ON REVERSE SIDE

45

MISSISSIPPI INSURANCE IDENTIFICATION CARDCOMPANY NUMBER
18058

COMPANY



COMMERCIAL



PERSONAL

Philadelphia Indemnity Insurance CompanyPOLICY NUMBER
PHPK1264784EFFECTIVE DATE
12/1/2014EXPIRATION DATE
12/1/2015

YEAR MAKE/MODEL

1995 CHEVROLET / G30

VEHICLE IDENTIFICATION NUMBER

1GBHG31Y3SF145347

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER

**State-Wide General Insurance Agency, Inc
3073 Lynch Street
Jackson, MS 39209****6013532421**

INSURED

**FRIENDS OF CHILDREN OF MISSISSIPPI,
6425 LAKEOVER RD
JACKSON, MS 39213-8008**

SEE IMPORTANT NOTICE ON REVERSE SIDE

83

Menu Approval Process

For Organizations Providing Meals With Three (3) or More Childcare Centers

Organizations, non-profits, groups, or businesses providing menus, meals, and snacks for three (3) or more childcare centers/sites, will have menus for all sites approved annually at one time-provided that all sites utilize the same menu.

Organizations shall turn in the following items for review:

1. At least a four (4) week cycle menu (may turn in up to an eight [8] week).
2. A list of all facilities serviced by the organization. This list must include:
 - a. Name of the facility.
 - b. Physical address of the facility, including county.
 - c. Hours of operation.
 - d. Times of service for meals/snacks – IF opened nine (9) hours or longer, four (4) feeding times must be included.
3. "Main" contact name, address, and contact number of the person submitting the menus.

Menu packet may be submitted electronically or by postage mail to:

Donna.speed@msdh.state.ms.us

Donna Speed, RD, Nutrition Services

Office of Field Services

Mississippi State Department of Health

570 E. Woodrow Wilson

Jackson, MS 39215-1700

Organizations:

1. The completed menu and evaluation will be returned to the contact person for the organization.
2. The evaluation approval will be for every facility listed in the menu packet.
3. The menu evaluation will be good for one year from the date of the evaluation.
4. The organization is responsible for distributing a copy of the approved menu and menu evaluation form to each of the facilities served.
5. The organization will be responsible for the annual submission of the menus for the facilities served.
6. When the individual facilities are submitting the annual licensing packet, the approved menu and menu evaluation form is to be included in the renewal packet.
7. IF a menu submitted by an organization is not approved, the contact person submitting the menu will be responsible for initiating the process over again after making the necessary changes to be compliance with the nutrition regulations.

Childcare Staff:

1. The completed menu packet for the organization will be sent to the childcare supervisor.
2. The supervisor will distribute copies to the appropriate HPSS staff.
3. The HPSS staff will be responsible for placing copies of the menu approval sheet and menu in each individual centers file.

Note: When an organization or a non-profit submits a menu in their annual renewal packet, the HPSS should determine if a menu has been approved within the last year by reviewing the file for that center before forwarding to the nutritionist.

Child Care Menu Evaluation Form

DEC 11 2014

Name of Facility: Friends of Children of MS, Inc. see attached list of centers

County: Central and South MS Phone #: 601-982-6453 Irene Booker

☐ Menu is approved as written.

☒ Menu is approved with noted revisions. Another menu is NOT required until one year from date.

☐ Menu plan is **not** approved and must be **revised** and **resubmitted** due to:

☐ No Vitamin C source served daily.

☐ Lack of variety in foods

☐ No Vitamin A source served every other day (three times per week).

☐ Excessive fats/fried foods

☐ Snacks are not adequate.

☐ Excessive sugar/sweets

☐ Milk is not present as needed for breakfast/lunch/supper.

☐ Excessive high salt/sodium food items

☐ Lack of adequate fruits/vegetable servings at mealtime

Other: _____

Comments/Recommendations: _____

Thank you

Evaluated by: Donna Speed, MS, RD, LD Phone #: 601-576-7820

Title: Nutrition Director Date: 11/25/14

Return corrected menus to:
(Include this letter)

Mississippi State Department of Health-Childcare Licensure

Mississippi State Department of Health
Field Services, O-457
570 East Woodrow Wilson Drive
Jackson, MS 39216

Clear

Use office stamp for return address.

White Copy – Child Care Licensure

Yellow Copy – Child Care Facility

Pink Copy – Nutritionist

DEC 01 2014

Child Care Menu Evaluation Form

Name of Facility: Friends of Children of MS, Inc. see attached list of centers

County: Central and South MS Phone #: 601-982-6453 Irene Booker

☐ Menu is approved as written.

☒ Menu is approved with noted revisions. Another menu is NOT required until one year from date.

☐ Menu plan is **not** approved and must be **revised** and **resubmitted** due to:

☐ No Vitamin C source served daily.

☐ Lack of variety in foods

☐ No Vitamin A source served every other day (three times per week).

☐ Excessive fats/fried foods

☐ Snacks are not adequate.

☐ Excessive sugar/sweets

☐ Milk is not present as needed for breakfast/lunch/supper.

☐ Excessive high salt/sodium food items

☐ Lack of adequate fruits/vegetable servings at mealtime

Other: _____

Comments/Recommendations: _____

Thank you

Evaluated by: Donna Speed, MS, RD, LD Phone #: 601-576-7820

Title: Nutrition Director Date: 11/25/14

Return corrected menus to:
(Include this letter)

Mississippi State Department of Health-Childcare Licensure

Mississippi State Department of Health
Field Services, O-457
570 East Woodrow Wilson Drive
Jackson, MS 39216

Clear

Use office stamp for return address.

White Copy – Child Care Licensure

Yellow Copy – Child Care Facility

Pink Copy – Nutritionist

Friends of Children, Inc. Center Listing 9/30/2014

CENTER/COUNTY	MANAGER	MAILING ADDRESS	PHYSICAL ADDRESS	CITY/ZIP
Brushy Creek/Copiah	Lavonne Jones	P O Box 5	617 North Jackson Street	Crystal Springs 39059
Bryant Turner/Wayne	Mary Green	215 Miss Dr	215 Mississippi Dr	Waynesboro 39367
Cherry Grove/Smith	Vanessa K. Beamon	P O Box 125	213 S County Rd 10-B South	Taylorsville 39168
Community Pride/Madison	Gloria Minter	P O Box 710	454 Trollo Street	Canton 39046
Crossroads/Newton	Angie Wesley	401 E. Railroad St	401 E Railroad St	Newton 39345
Dekalb/Kemper	Deborah Spencer	P O Box 307	21 Willow Ave.	Dekalb 39328
East Jasper/Jasper	Cynthia Thomas	P O Box 339	921 Maple Avenue	Heidelberg 39439
EHS Copiah/Copiah	Delphine Henry	P O Box 596	400 Harmony Road	Crystal Springs 39059
EHS Jones/Jones	Annie Jackson	P O Box 4278	149 Brown Circle	Laurel 39440
EHS Newton/Newton	Edna Jones	403 Third St	403 3 rd Avenue	Newton 39345
Kingstar/Jones	Darlene Thomas	P O Box 2275	2428 Queenburg Avenue	Laurel 39440
L. N. Payton/Jasper	Katie Nickson	P O Box 858	298 HWY 18 West	Bay Springs 39422
Manuel Goff/Clarke	Patricia Bruce	P O Box 110	207 East Chestnut Street	Quitman 39355
McCall/Rankin	Arlena Riley	P O Box 46	300 Kirby Street	Pelahatchie 39145
Mt. Sinai/Copiah	Alice Davis	P O Box 887	121 School Drive	Hazelhurst 39083
New Hope/Rankin	Patricia Givens	917 Hwy 469 N	917 Highway 469	Pearl 39208
Queen Olive/Jones	Deborah Cooley	P O Box 2086	518 Madison Street	Laurel 39440
Ripley	Carrylyn	P O Box 39	Highway 14 West	Mayersville 39113
Blackwell/Issaquena	Cummings	P O Box 216	2254 Allendale Road	Louise 39097
Riven Oak/Humphreys	Marjorie Holton	P O Box 40	4667 Highway 22	Flora 39071
Smith Chapel/Madison	Ida Russell	120 Head Start Ln	120 Head Start Lane	Pearl 39208
St. James/Rankin	Ann Hopkins	P O Box 206	82 Church Street	Stateline 39362
Stateline/Greene	Judy Roberts	1508 Bellwood Rd	1508 Bellwood Road	Isola 38754
Tepper/Humphreys	Peggy Clark	37765 Hwy 63 N	37765 Highway 63 North	Richton 39476
Union/Greene	Elouise Walley	P O Box 178	314 Phillips Circle	Walnut Grove 39189
EHS Walnut Grove /Leake	Nicole Griffin	P O Box 189	1305 Hwy 16 West	Carthage 39051
Winson Hudson/Leake	Mattie Gray			

REC 1 2014

Fred Esco, Jr.
MAYOR

Valerie T. Smith
CITY CLERK



CANTON
Rich History. Bright Future.

ALDERMEN:
Jon Flynn
Eric Gilkey
Kenneth W. Jones
William J. Mosby
Louis Smith
Charles A. Weems

Alderman-at-Large
William Truly, Jr.

DATE: August 4, 2004

FROM: Building Department of City of Canton

TO: Friends of Children

RE: Community Pride
454 Trolie Street
Canton, MS 39046

This letter is in response to your request for an opinion regarding the above referenced site. In accordance with the City of Canton, Unified Development Code and Zoning Map, the said site is currently zone Single Family Residential District (R-2), which allows schools.

Should you have any question regarding this site you may contact this office at 601-859-8116.

Hannorn's Pest Control, Inc.

2115 Bailey Avenue • Jackson, MS 39213
(601) 969-6665

INVOICE

119330

Account No. 71617 Customer's Name Friends of Children / Comm. Prol.
Address 454 Troliv St. Canton, MS 39046 Phone No. _____

Date	TYPE OF SERVICE	PRICE QUOTATION	AMOUNT PAID			CHARGED	PREVIOUS BALANCE	BALAN
			CASH	CHECK	TOTAL			
3/27/06	Pest Control	79.72				79.72		
	(50.05/07-KICK CS 1/4 gal / (55 FS) Maxforce Solut 7 gr. Per							
	(10 FS) Troliv G 3 oz. Per							

IN THE EVENT OF A CALL BACK WITHIN 30 DAYS, WE CHARGE ONLY HALF THE PRICE OF THE INITIAL TREATMENT

PLEASE PAY BY THIS INVOICE

Salesman

Antonia Lovell 28587

Received By

Angel Brown

CANTON MUNICIPAL UTILITIES
P.O. BOX 114 • CANTON, MISSISSIPPI 39046
TELEPHONE (601) 859-2921

CUSTOMER	BILLING DATE	PAST DUE AFTER	DAYS
26460-6	04252006	05152006	32

SERVICE	PREVIOUS	CURRENT	MULT.	USAGE
ELC	3/02	4/03		
	13899	14153	80	20320
WTR	3972	4042	1.0	70
GAS	87152	89708	1	2556
DMD		.855	80	68.400
COMM'L ELEC				1944.49
COMM'L WATER 2" TAX				130.20
COMM'L SEWER				94.74
COMM'L GAS				3979.30
YARD LITE 400 HP SODIUM				135.00
YARD LITE POLE				2.25
STATE TAX				433.38
TOTAL AMOUNT DUE				6719.36

454 TROLIO ST. #269
METER # 58237477 34282



CANTON MUNICIPAL UTILITIES
P.O. BOX 114 • CANTON, MISSISSIPPI 39046
TELEPHONE (601) 859-2921

CUSTOMER	BILLING DATE	PAST DUE AFTER	DAYS
19884-6	04252006	05152006	30

SERVICE	PREVIOUS	CURRENT	MULT.	USAGE
WTR	3/07	4/06		
	5345	5407	1.0	62
COMM'L WATER 3/4 TAX				111.07
COMM'L SEWER				79.27
STATE TAX				7.77
TOTAL AMOUNT DUE				198.11

#269
3788 N. LIBERTY ST
METER # 1456759

KEEP THIS STUB / SEE REVERSE SIDE

Hathorn's Pest Control, Inc.

2115 Bailey Avenue • Jackson, MS 39213
(601) 969-6665

INVOICE

105398

Account No. 71617 Customer's Name F.O.C. / Comm. Bude

Address 454 Trolino St. Canton, Ms. 39046 Phone No. _____

Date	TYPE OF SERVICE	PRICE QUOTATION	AMOUNT PAID			CHARGED	PREVIOUS BALANCE	BALANCE
			CASH	CHECK	TOTAL			
2/25/05	Pest Control	79.72				79.72		
	(56) .05% CY-KICK (S 1/4 gal (34) FS) Sige Gel 10 gr. Loads							
	Glue Pad 5# (16 FS) Talon 6 S2 Rodents							

IN THE EVENT OF A CALL BACK WITHIN 30 DAYS, WE CHARGE ONLY HALF THE PRICE OF THE INITIAL TREATMENT.

PLEASE PAY BY THIS INVOICE

Salesman

Kathleen Hewell 28589

Received By

[Signature]



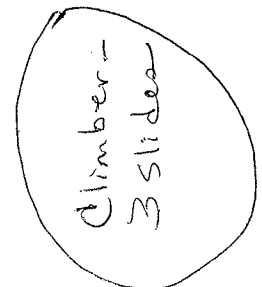
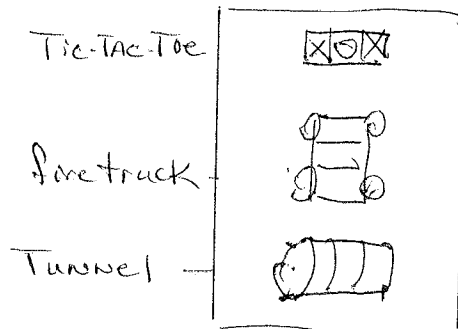
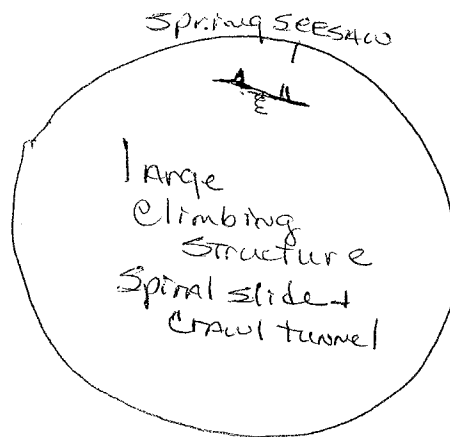
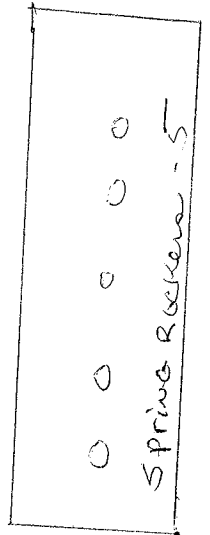
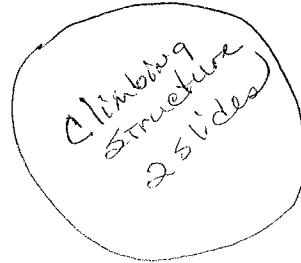
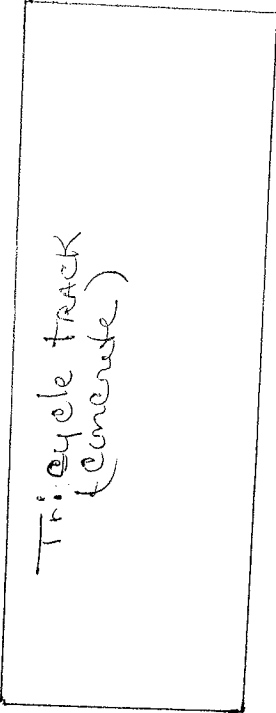
CANTON MUNICIPAL UTILITIES
P.O. BOX 114 • CANTON, MISSISSIPPI 390
TELEPHONE (601) 859-2921

CUSTOMER	BILLING DATE	PAST DUE AFTER	DAYS	
26460-6	03232005	04152005	27	
SERVICE	PREVIOUS	CURRENT	MULT.	USAGE
	2/03	3/02		
ELC	10212	10433	80	17680
WTR	2978	3126	1.0	148
GAS	68786	72025	1	3239
DMD		.820	80	65.600
COMM'L ELEC				1381.21
COMM'L WATER 2" TAX				220.10
COMM'L SEWER				175.18
COMM'L GAS				2770.65
YARD LITE 400 HP SODIUM				108.00
YARD LITE				1.50
STATE TAX				313.71
TOTAL AMOUNT DUE				4970.35
454 TROLIO ST.				
METER #		58237477	34282	

KEEP THIS STUB / SEE REVERSE SIDE

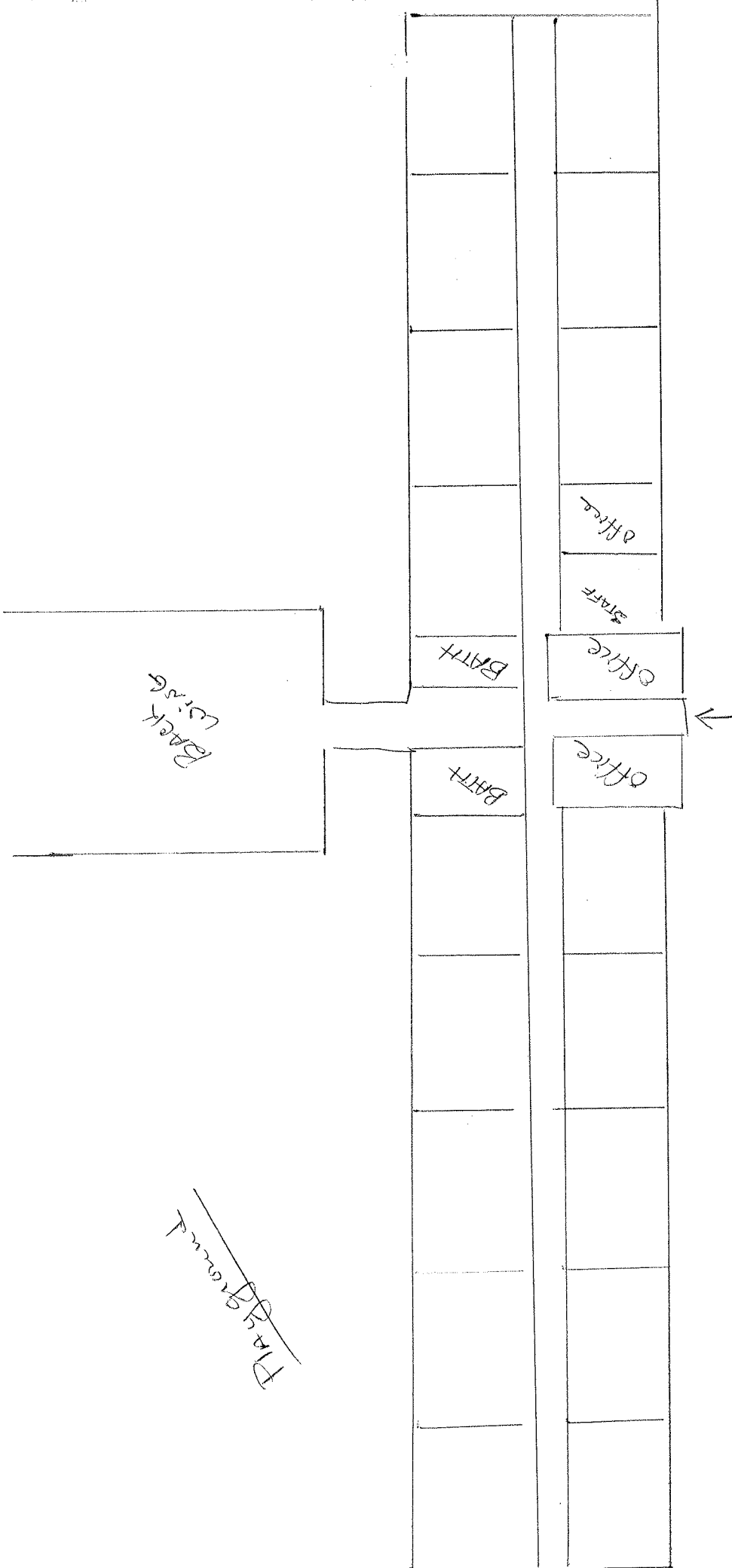
Playground
Name of Facility - Community Pride Head START # 3190
Date - 1-19-11

Mulch in All Fall Zones

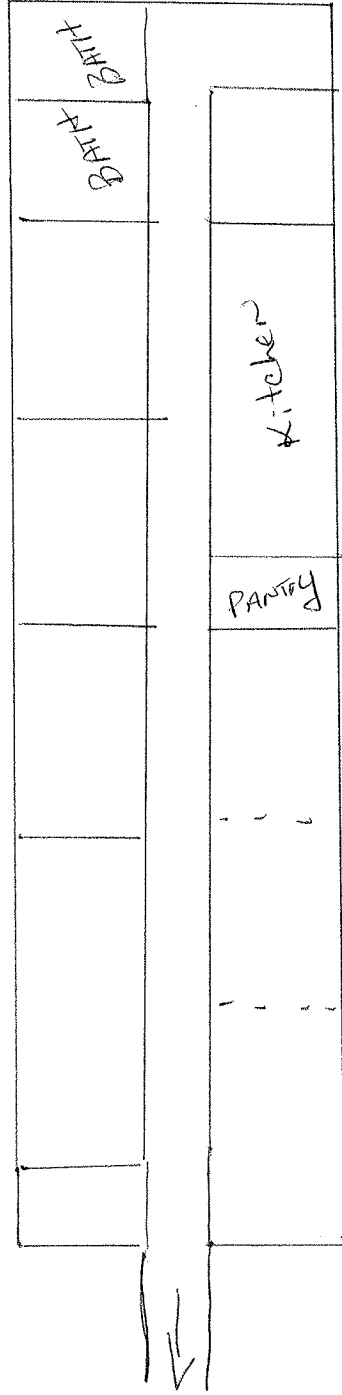


Flagground

Back
Lining



Community Pride Head Start # 3190
454 Trolie St.
Canton MS 39046



Community Pride #3190
Back Wing - used for tutoring and other activities
 Classrooms are on the front wing —

Use of additional
Classrooms/Units to
accommodate additional
Children
Be measurement



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 8/23/02
Facility Community Pride License No. 45C4PH -3190
Address 454 Golio St. Maximum/New Capacity 360

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- Kitchen Size** — x =
(Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- Handwashing Sinks** — x 15 = (Preschool)

Handwashing Sinks — x 30 = (School Age)
(Do not count lavatories in kitchen or for use in diaper changing.)

- Toilets** — x 15 = (Preschool)

Toilets — x 30 = (School Age)

Urinals — x 15 = (Both Licenses)
(Urinals shall not exceed 33 percent of the toilet fixtures)

- Playground Space 1** — x = + 75 x 3 =

Playground Space 2 — x = + 75 x 3 =
(Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

Room Name/No.	Measurements				Maximum Capacity
Unit # 1	32	x	20	= 640 ÷ 35	= 18
2	32	x	20	= 640 ÷	= 18
3	32	x	20	= 640 ÷	= 18
4	32	x	20	= 640 ÷	= 18
5	32	x	20	= 640 ÷	= 18
6	32	x	20	= 640 ÷	= 18
7	32	x	20	= 640 ÷	= 18
8	32	x	20	= 640 ÷	= 18
9	32	x	20	= 640 ÷	= 18
10	32	x	20	= 640 ÷	= 18

Total Indoor Square Footage = 12800

Maximum Facility Capacity = 360 (All Rms Utilized)

Facility Operator Richard Stone

Licensing Official [Signature]

White Copy - Facility File Yellow Copy - Operator

Pg. 2
Total Units/Rooms
utilized 20



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 8/23/02
Facility Community Pride License No. 45C4PA-3196
Address 454 Iroquois St. Maximum/New Capacity 360

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- Kitchen Size** — x =
(Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- Handwashing Sinks** — x 15 = (Preschool)

Handwashing Sinks — x 30 = (School Age)
(Do not count lavatories in kitchen or for use in diaper changing.)

- Toilets** — x 15 = (Preschool)

Toilets — x 30 = (School Age)

Urinals — x 15 = (Both Licenses)
(Urinals shall not exceed 33 percent of the toilet fixtures)

- Playground Space 1** — x = + 75 x 3 =

Playground Space 2 — x = + 75 x 3 =
(Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

Room Name/No.	Measurements	Maximum Capacity
Unit # 11	20 x 32 = 640 ÷ 35 = 18	18
12	20 x 32 = 640 ÷ 35 = 18	18
13	32 x 20 = 640 ÷ 35 = 18	18
14	32 x 20 = 640 ÷ 35 = 18	18
15	32 x 20 = 640 ÷ 35 = 18	18
16	32 x 20 = 640 ÷ 35 = 18	18
Ing. Rm (2 compartments) # 1	32 x 20 = 640 ÷ 35 = 18	18
Use of 2nd Section — # 2	32 x 20 = 640 ÷ 35 = 18	18
Ing Rm (Section 1) # 3	32 x 20 = 640 ÷ 35 = 18	18
" " " 2) # 4	32 x 20 = 640 ÷ 35 = 18	18

Total Indoor Square Footage = 12800 Maximum Facility Capacity = 360
Facility Operator Richard Lane Licensing Official Shirley Ellis



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet -pg. 1

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 5/31/01
 Facility Community Child Health Center License No. Pending
 Address 454 Tupoli St. - Canton Maximum/New Capacity 306

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- Kitchen Size** — 1000 x 10 = 1000
 (Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- Handwashing Sinks** — 3 x 15 = 315 (Preschool)

Handwashing Sinks — 3 x 30 = 90 (School Age)
 (Do not count lavatories in kitchen or for use in diaper changing.)

- Toilets** — 36 x 15 = 360 (Preschool)

Toilets — 36 x 30 = 1080 (School Age)

Urinals — 15 x 15 = 150 (Both Licenses)
 (Urinals shall not exceed 33 percent of the toilet fixtures)

- Playground Space 1** — 12000 x 1 = 12000 + 75 x 3 = 225

Playground Space 2 — 12000 x 1 = 12000 + 75 x 3 = 225
 (Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

- Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

Room Name/No.	Measurements	Maximum Capacity
A	32' x 20' = 640 ÷ 35 = 18	18
B	4' x 11' = 44 ÷ 11 = 4	4
C		18
D		11
E		11
F		4
G		11
H		11
I		11
J		11
K		11

Total Indoor Square Footage =

Maximum Facility Capacity = 306

Facility Operator Richard Stone

Licensing Official [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facilities Capacity Worksheet *pg. 2*

Any change in use of space will affect maximum capacity. Attach matching floor plans.

County Madison Date 5/3/01
 Facility Community Preschool License No. Pending
 Address 454 Juola St. - Canton Maximum/New Capacity 306

Maximum capacity is determined by the lowest number of the five categories listed below. Facilities must be measured by one standard only, e.g., preschool or school age, not both. Licenses are issued based on one standards only.

- **Kitchen Size** — _____ x _____ = _____
 (Minimum size - 90 sq. ft. Maximum - 300 sq. ft.) 1-50 children require 90 sq. ft.; 51-70 children require 150 sq. ft.; 71-100 children require 210 sq. ft.; over 100 children require 300 sq. ft. A separate stand alone freezer is required when serving 50 or more.

- **Handwashing Sinks** — _____ x 15 _____ = _____ (Preschool)

Handwashing Sinks — _____ x 30 _____ = _____ (School Age)
 (Do not count lavatories in kitchen or for use in diaper changing.)

- **Toilets** — _____ x 15 _____ = _____ (Preschool)

Toilets — _____ x 30 _____ = _____ (School Age)

Urinals — _____ x 15 _____ = _____ (Both Licenses)
 (Urinals shall not exceed 33 percent of the toilet fixtures)

- **Playground Space 1** — _____ x _____ = _____ + 75 x 3 = _____

Playground Space 2 — _____ x _____ = _____ + 75 x 3 = _____
 (Total outdoor playground area shall accommodate at least 33 percent of the licensed capacity at any one time.)

Conversion Chart

1" = .083
2" = .167
3" = .25
4" = .33
5" = .417
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .917

- **Indoor Space** — Add the total of the room capacities listed below: Refer to section XI. 11-2 of the regulations for required square footage per child based on age.

Room Name/No.	Measurements				Maximum Capacity
<u>3</u>	<u>32'</u>	x	<u>20</u>	= <u>640</u>	<u>35</u> = <u>18</u>
<u>2</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>
<u>1</u>	<u>1</u>	x	<u>1</u>	= <u>1</u>	<u>1</u> = <u>18</u>

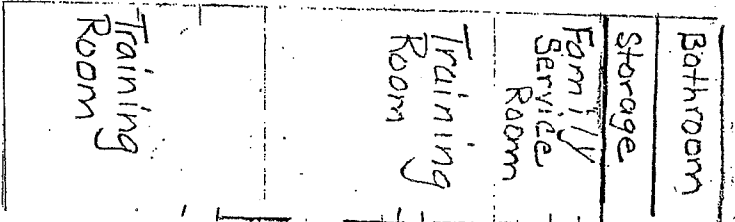
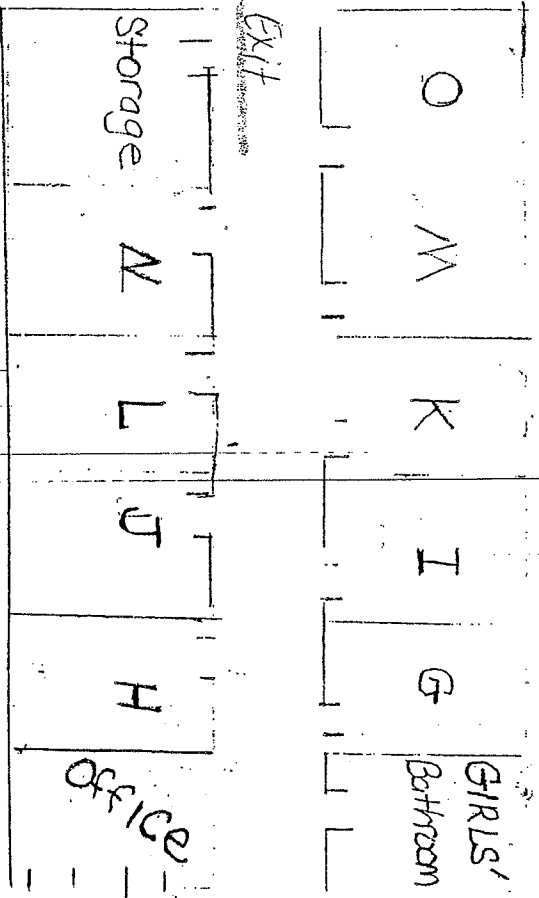
Total Indoor Square Footage = _____
 Facility Operator Richard Stone

Maximum Facility Capacity = _____
 Licensing Official Shirley Miller

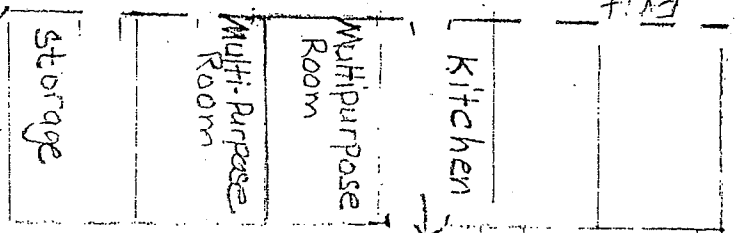
EVACUATION PLAN

1. CLASSROOMS H, J, L, AND N GO NORTH TO OFFICE, THEN EAST EXIT TO THE SIDEWALK
2. CLASSROOMS O, M, K, I, G, EXIT SOUTH DOORS TO THE PLAYGROUND
3. TRAINING ROOMS AND FAMILY SERVICE ROOMS EXIT WEST DOORS TO PLAYGROUND

PLAYGROUND



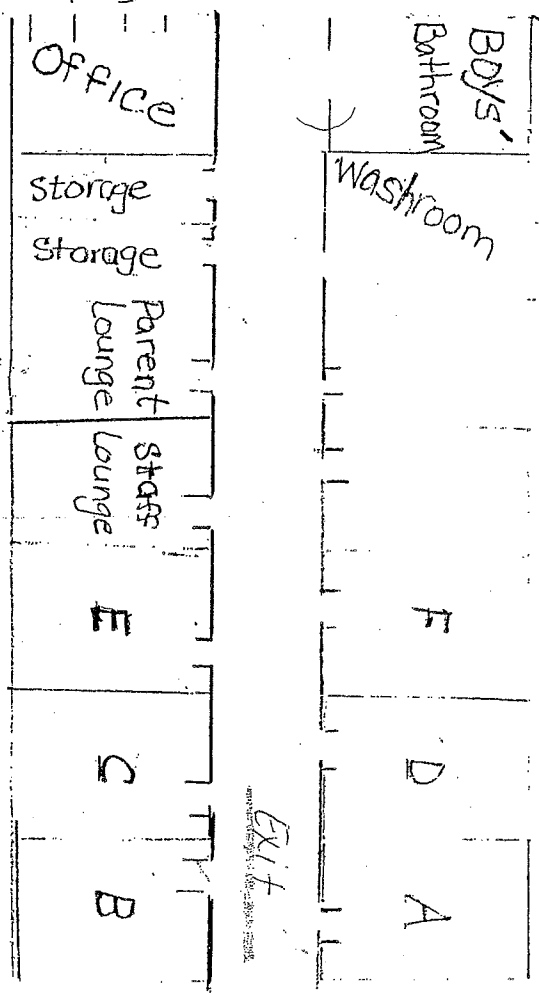
W



EVACUATION PLAN

1. CLASSROOMS A, D, E, AND ROOMS B, C, F EXIT NORTH DOORS TO THE PARKING LOT
2. MULTI-PURPOSE ROOMS PROCEED EAST TO STORAGE, THEN NORTH TO PARKING LOT
3. KITCHEN EXIT NORTH DOOR TO THE PARKING LOT
4. PARENT AND STAFF LOUNGES AND OFFICES EXIT EAST TO SIDEWALK

PARKING LOT



East

CHILD VANDIA



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Uniform Fire Safety Survey For All Child Care Facilities

Name of Facility Friends of Children (Community) Pride Telephone Number 859-2720
 Address 454 Trollo St. Emergency Contact Telephone Number 859-2720
 Operating Hours 600 A.M. - 600 P.M. Date of Inspection 6/12/01
 Name of Owner Friends of Children of MS Inc. Distance to Water Source/Fire Hydrant 25 ft.

A. General

- Is facility address visible from street? Yes ☒ No ☐ NA ☐
- Is occupancy restricted to ground floor only? Yes ☒ No ☐ NA ☐
- Are monthly fire drills held with specific plan for evacuation of children? Yes ☒ No ☐ NA ☐
- Is the building free of dead-end corridors or hallways which exceed 20 feet? Yes ☒ No ☐ NA ☐
- Are fire extinguishers properly installed, tagged and located? Yes ☒ No ☐ NA ☐
- Are operational smoke detectors installed in all areas used by children? Yes ☒ No ☐ NA ☐

B. Building

- Are there two exterior outward-opening doors designated as primary emergency exits? (Exit route shall not pass through the kitchen) Yes ☒ No ☐ NA ☐
- Can each exit door be opened by a child in case of emergency? Yes ☒ No ☐ NA ☐
- Are all exit doors equipped with a knob, handle, panic bar or other single-action releasing device? Yes ☒ No ☐ NA ☐
- Are all doors unlocked during hours of operation (all primary exit doors must remain unlocked during all hours of operation) Yes ☒ No ☐ NA ☐
- Are all gas heaters properly vented to outside? Central Heat & Air Yes ☒ No ☐ NA ☐
- Are all gas heaters approved by American Gas Association and have attached the Underwriters Laboratory Seals? (Blue star near shut-off valve) Central Heat & Air Yes ☒ No ☐ NA ☒
- All heat sources in children's area must be equipped with acceptable barriers or guards to prevent children being accidentally burned. What type of barrier is installed? Sam Fire Heat
- Is stove equipped with a hood vented to the outside? Yes ☒ No ☐ NA ☐

C. Evaluation/Comments/Correction Schedule

- This facility complies with all local fire safety codes and standards. Yes ☒ No ☐
- This facility **fails** to comply with all local fire safety codes and standards. ☐
- The following corrections must be completed by (month) NA (day) NA (year) NA
 Corrections: All codes are met

- Reinspection visit required? Yes ☒ No ☐ NA ☐
 Date of reinspection 6/12/02

Fire Department Canton, ms. Signed Carly Leo Johnson

Telephone Number 601-859-3112 or 8839 Title Fire Inspector

White copy - Facility File Yellow Copy - Individual Pink Copy - Inspector

MEMO

To: Kathy Jackson

From: Victor Gray-Lewis

Date:

Subject: Authorization of Privilege License

Business: COMMUNITY PRIDE

Address: 454 TROLO STREET

Has met the zoning and building requirements as adopted by the City of Canton and is hereby given authorization to complete the application process for Privilege License.



Victor Gray-Lewis

DONALD LAWRENCE
Zoning Administrator

Contingent upon compliance with the attached conditions the applicant has met the zoning and building requirements as adopted by the City of Canton and is hereby given authorization to complete the application process for Privilege License. Failure to comply with attached conditions by the specified date of completion will result in the immediate revocation of your Privilege License.

Victor Gray-Lewis

Zoning Administrator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

Facility Name	<u>Community Pride Head Start</u>	Director	<u>Glenn Miller</u>
License Number	<u>45C4PH1-3190</u>	Capacity	<u>306</u>
Date	<u>8/23/02</u>	Time In	<u>AM</u>
		Time Out	<u>PM</u>
County	<u>Madison</u>	Type of Inspection	<u>Reg.</u>

All Items In Red Are Critical

Qualified director present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Proper staff to child ratio present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Room and playground capacity met	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Center capacity met	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Sanitation

- ☐ Garbage and garbage bins maintained
- ☐ Vector control maintained
- ☐ Water system approved and functioning
- ☐ Waste water system approved and functioning
- ☐ Food service approved

Fines (if any)

Critical Violation	Fine Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Fines may be appealed by making a written request for a hearing. The request must be made within ten (10) days of the date of this inspection and mailed to your licensing official.

Hazardous/Potentially Hazardous Conditions — Schedules for Correction

1. _____
2. _____
3. _____
4. _____
5. _____

Other Items — Must be corrected

Children's belongings separated/stored	<input type="checkbox"/> Yes	<input type="checkbox"/> No
License posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evacuation plans posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Menus posted and served	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plan of activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Building and Grounds

- ☐ Walls, ceilings, floors, toys, equipment ☐ clean ☐ needs repair
- ☐ Lighting approved
- ☐ Heating/cooling approved
- ☐ Ventilation adequate
- ☐ Glass approved ☐ shielded
- ☐ Telephone on premises, available, and functioning
- ☐ Electrical outlets protected
- ☐ Large appliances located properly
- ☐ Sinks and toilets working properly
- ☐ Hot water at all sinks
- ☐ Children barred from kitchen
- ☐ Exits, doors and fastening devices approved and in good working order
- ☐ Exits unobstructed
- ☐ Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order
- ☐ First aid kits stocked and easily accessible
- ☐ Playground area clean, well drained and equipped and fence in good repair
- ☒ Pool area clean, fenced, adequately maintained
- ☒ Diaper changing stations adequate in number and each fully supplied

Received By	<u>X Richard Stone</u>	Title	<u>X Facility Coordinator</u>
Licensing Official	<u>Glenn Miller</u>		

White Copy - Facility File Yellow Copy - Operator



Inspection and Re-application for Food Service Facility

Page 1 of 1

Date 8/23/02 Time of Day P.M.Facility ID 45e4PH-3190

Based on an inspection this day, the items checked below identify the violation in operations or facilities which must be corrected. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

Establishment Name and Address
(including ZIP)Community Pride Head Start
454 Iroquois St.
Canton, MS

P.H. Priority Certified Manager

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☒ Yes ☐ No

Changes in operation since last permit?

☐ Yes ☐ No☒ Pass ☐ Fail ☐ Out of Business ☐ N/AType of Inspection ☐ HACCP☐ Consultation☐ Follow-up☐ Training☒ AlternateTime Required 45 min**Critical Items:** These items relate directly to factors which lead to foodborne illness. These items must receive immediate action.**Item Food Protection**☐ 01 Food

- ☐
- a. Approved source
- ☐
- c. Wholesome, free of spoilage
-
- ☐
- b. Damaged containers
- ☐
- d. Other

☐ 03 Food temperature requirements during serving, storage, transportation, display, and preparation

- ☐
- a. Cooling procedures
- ☐
- d. Hot holding temperature (140°F)
-
- ☐
- b. Rapidly reheated to 165°F
- ☐
- e. Cold holding temperature (41°F)

Temperature Observations

Food Product	Product Temp.	Food Product	Product Temp.
<u>Refrigerator</u>	<u>40°F</u>		
<u>Freezer</u>	<u>0°F</u>		
<u>Refrigerator</u>	<u>40°F</u>		

☐ 04 Adequate equipment to maintain food temperatures☐ 07 Prevention of cross-contamination

- ☐
- a. Unwrapped & potentially hazardous foods not served
-
- ☐
- b. Protection from cross-contamination
-
- ☐
- c. Damaged/detained foods separated

Personnel☐ 11 Personnel with infections restricted☐ 12 Hygienic practices

- ☐
- a. Hands washed as needed
- ☐
- c. Smoking, eating, drinking restricted
-
- ☐
- b. No common towel
- ☐
- d. Good hygienic practices

Food Equipment and Utensils☐ 20 Sanitization rinse
Method _____☐ 27 Water Source: Safe, hot and cold under pressure☐ 28 Sewage: Approved sewage and wastewater disposal☐ 30 Plumbing: No cross-connections, backflow or back siphonage☐ 31 Toilet and Handwashing Facilities

- ☐
- a. Handwash sink-number/location
- ☐
- c. Handwash sink-accessible
-
- ☐
- b. Handwash sink-designed
- ☐
- d. Toilet room and fixtures

☐ 35 Insect and Rodent Control

- ☐
- a. Evidence of rodents
- ☐
- c. Outer openings protected
-
- ☐
- b. Evidence of insects
- ☐
- d. Other

☐ 41 Toxic Items

- ☐
- a. Properly stored
- ☐
- b. Properly labeled
- ☐
- c. Properly used

Received by _____ Title _____

X Richard Stone X Facility Coordinator**Other Items:** If left uncorrected, these items can become a serious problem. Items shall be corrected by the next inspection or as otherwise noted.**Item Food Protection**☐ 02 Original container, properly labeled☐ 05 Thermometers provided and conspicuous; accurate; probe-type☐ 06 Potentially hazardous food properly thawed☐ 08 Food protection during serving, storage, transport, display, preparation☐ 09 Handling of food minimized, proper utensils provided and used☐ 10 Food dispensing utensils properly stored when in use☒ 13 Personnel: Clean clothes, hair restraints**Food Equipment and Utensils**☐ 14 Food (ice) contact surfaces: designed, constructed, maintained, installed☐ 15 Non-food contact surfaces: designed, constructed, maintained, installed☐ 16 Dishwashing facilities: designed, constructed, maint., installed, operated☐ 17 Accurate thermometer, chemical test kits provided, gauge cock☐ 18 Utensils, equipment pre-flushed, scraped, and soaked☐ 19 Wash, rinse water: clean, proper temperature☐ 21 Wiping cloths: clean, stored, proper use☐ 22 Food contact surfaces of equipment and utensils clean, free of detergents☐ 23 Non-food contact surfaces of equipment and utensils clean☐ 24 Storage and handling of clean equipment and utensils☐ 25 Single service articles, storage, dispensing, used☐ 26 No re-use of single service articles☐ 29 Plumbing: properly installed, maintained☒ 32 Toilet and Handwashing Facilities☐ a. Clean ☐ c. Room enclosed☐ b. Soap/drying devices ☐ d. Proper waste receptacles**Garbage and Refuse**☐ 33 Containers/receptacles: clean, adequate no., insect/rodent proof, covered☐ 34 Outside garbage areas: clean, enclosures properly constructed**Floors, Walls and Ceilings**☐ 36 Floors: constructed, drained, clean, good repair, clean surfaces☐ 37 Walls, ceiling, constructed, good repair, clean surfaces**Other Operations**☐ 38 Lighting provided as required: fixtures shielded, endcaps☐ 39 Rooms and equipment: vented as required☐ 40 Rooms, lockers: provided, located, used☐ 42 Premises maintained: free of litter, unnecessary articles, cleaning and maintenance equipment properly stored, authorized personnel☐ 43 Complete separation from living/sleeping quarters, laundry☐ 44 Clean and/or soiled linen properly stored

Inspected by _____

PIN _____

Env. Code _____

Distribution — White Copy - Environmentalist

Yellow Copy - PIMS

Pink Copy - Facility



Inspection and Re-application for Food Service Facility

Page 1 of 1

Date 8/23/02 Time of Day PM

Based on an inspection this day, the items checked below identify the violation in operations or facilities which must be corrected. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

Facility ID 4504PH-3190

Establishment Name and Address

(including ZIP)

Community Pride Head Start
454 Jodie St.
Centon 1 Ms

P.H. Priority

Certified Manager

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Yes ☐ No

Changes in operation since last permit?

☐ Yes ☐ No☒ Pass ☐ Fail ☐ Out of Business ☐ N/A

Type of Inspection

☐ HACCP☐ Consultation☐ Follow-up☐ Training☒ Alternate Gold Care

Time Required

Critical Items: These items relate directly to factors which lead to foodborne illness. These items must receive immediate action.

Item Food Protection☐ 01 Food☐ a. Approved source☐ c. Wholesome, free of spoilage☐ b. Damaged containers☐ d. Other☐ 03 Food temperature requirements during serving, storage, transportation, display, and preparation☐ c. Required cooking temperature☐ a. Cooling procedures☐ d. Hot holding temperature (140°F)☐ b. Rapidly reheated to 165°F☐ e. Cold holding temperature (41°F)**Temperature Observations**

Food Product	Product Temp.	Food Product	Product Temp.
<u>Refrigerator</u>	<u>40°F</u>		
<u>Freezer</u>	<u>0°F</u>		
<u>Refrigerator</u>	<u>40°F</u>		

☐ 04 Adequate equipment to maintain food temperatures☐ 07 Prevention of cross-contamination☐ a. Unwrapped & potentially hazardous foods not served☐ b. Protection from cross-contamination☐ c. Damaged/detained foods separated**Personnel**☐ 11 Personnel with infections restricted☐ 12 Hygienic practices☐ a. Hands washed as needed☐ c. Smoking, eating, drinking restricted☐ b. No common towel☐ d. Good hygienic practices**Food Equipment and Utensils**☐ 20 Sanitization rinse

Method

☐ 27 Water Source: Safe, hot and cold under pressure☐ 28 Sewage: Approved sewage and wastewater disposal☐ 30 Plumbing: No cross-connections, backflow or back siphonage☐ 31 Toilet and Handwashing Facilities☐ a. Handwash sink-number/location☐ c. Handwash sink-accessible☐ b. Handwash sink-designed☐ d. Toilet room and fixtures☐ 35 Insect and Rodent Control☐ a. Evidence of rodents☐ c. Outer openings protected☐ b. Evidence of insects☐ d. Other☐ 41 Toxic Items☐ a. Properly stored☐ b. Properly labeled☐ c. Properly used

Received by

Title

X Robert Stone X David Byrd

Other Items: If left uncorrected, these items can become a serious problem. Items shall be corrected by the next inspection or as otherwise noted.

Item Food Protection☐ 02 Original container, properly labeled☐ 05 Thermometers provided and conspicuous; accurate; probe-type☐ 06 Potentially hazardous food properly thawed☐ 08 Food protection during serving, storage, transport, display, preparation☐ 09 Handling of food minimized, proper utensils provided and used☐ 10 Food dispensing utensils properly stored when in use☐ 13 **Personnel:** Clean clothes, hair restraints**Food Equipment and Utensils**☐ 14 Food (ice) contact surfaces: designed, constructed, maintained, installed☐ 15 Non-food contact surfaces: designed, constructed, maintained, installed☐ 16 Dishwashing facilities: designed, constructed, maint., installed, operated☐ 17 Accurate thermometer, chemical test kits provided, gauge cock☐ 18 Utensils, equipment pre-flushed, scraped, and soaked☐ 19 Wash, rinse water: clean, proper temperature☐ 21 Wiping cloths: clean, stored, proper use☐ 22 Food contact surfaces of equipment and utensils clean, free of detergents☐ 23 Non-food contact surfaces of equipment and utensils clean☐ 24 Storage and handling of clean equipment and utensils☐ 25 Single service articles, storage, dispensing, used☐ 26 No re-use of single service articles☐ 29 Plumbing: properly installed, maintained☐ 32 **Toilet and Handwashing Facilities**☐ a. Clean☐ c. Room enclosed☐ b. Soap/drying devices☐ d. Proper waste receptacles**Garbage and Refuse**☐ 33 Containers/receptacles: clean, adequate no., insect/rodent proof, covered☐ 34 Outside garbage areas: clean, enclosures properly constructed**Floors, Walls and Ceilings**☐ 36 Floors: constructed, drained, clean, good repair, clean surfaces☐ 37 Walls, ceiling, constructed, good repair, clean surfaces**Other Operations**☐ 38 Lighting provided as required: fixtures shielded, endcaps☐ 39 Rooms and equipment: vented as required☐ 40 Rooms, lockers: provided, located, used☐ 42 Premises maintained: free of litter, unnecessary articles, cleaning and maintenance equipment properly stored, authorized personnel☐ 43 Complete separation from living/sleeping quarters, laundry☐ 44 Clean and/or soiled linen properly stored

Inspected by

PIN

Env. Code

Distribution — White Copy - Environmentalist
Yellow Copy - PIMS
Pink Copy - Facility

[illegible]

Received by:	(Name) Richard Stone, Property Coordinator	(Title)
Inspected by:	(Name) [Signature]	(Phone) (1001) 354-6391

Date of Inspection 8/23/02 Next Event Date _____

Section 41-3-18, Mississippi Code of 1972 as amended authorizes the Mississippi State Department of Health to charge and collect annual permit fees from food service establishments.

Date of Permit 17-61-02

Note mailing address changes below:

PIMS Codes

- | | |
|--|--|
| <input type="checkbox"/> 92020 Routine/Follow-up | <input type="checkbox"/> Permit/Follow-up |
| <input type="checkbox"/> 92040 Complaint | <input checked="" type="checkbox"/> 92010 Permit No charge |
| <input type="checkbox"/> 92050 Request/Miscellaneous | <input type="checkbox"/> 92015 Permit (\$15.00) (1) |
| <input type="checkbox"/> 92070 Plan Review/Const. | <input type="checkbox"/> 92011 Permit (\$30.00) (1) |
| <input type="checkbox"/> 92060 Failed | <input type="checkbox"/> 92012 Permit (\$70.00) (3) |
| <input type="checkbox"/> 92080 No Inspection | <input type="checkbox"/> 92013 Permit (\$100.00) (4) |
| <input type="checkbox"/> Delete Facility | <input type="checkbox"/> 92014 Permit (\$150.00) (5) |

Please remit within 10 days to:

Distribution — *White Copy* - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist



* If alternate inspection, please describe:

Date _____

Critical Items

Received by: (Name)

(Title)

Inspected by:	(Name)
---------------	--------

(Phone)

Facility Name

Facility ID

Env. Code

92000 2nd Eval.

Date of Inspection

Next Event Date

PIMS Codes

- | | |
|--|--|
| <input type="checkbox"/> 92020 Routine/Follow-up | <input type="checkbox"/> Permit/Follow-up |
| <input type="checkbox"/> 92040 Complaint | <input checked="" type="checkbox"/> 92010 Permit No charge |
| <input type="checkbox"/> 92050 Request/Miscellaneous | <input type="checkbox"/> 92015 Permit (\$15.00) (1) |
| <input type="checkbox"/> 92070 Plan Review/Const. | <input type="checkbox"/> 92011 Permit (\$30.00) (1) |
| <input type="checkbox"/> 92060 Failed | <input type="checkbox"/> 92012 Permit (\$70.00) (3) |
| <input type="checkbox"/> 92080 No Inspection | <input type="checkbox"/> 92013 Permit (\$100.00) (4) |
| <input type="checkbox"/> Delete Facility | <input type="checkbox"/> 92014 Permit (\$150.00) (5) |

Section 41-3-18, Mississippi Code of 1972 as amended authorizes the Mississippi State Department of Health to charge and collect annual permit fees from food service establishments.

Date of Permit

Note mailing address changes below:

Please remit within 10 days to:

Distribution — *White Copy* - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility License Application

Please type or print in ink and answer all questions. An incomplete application will be returned unprocessed.

Date	6/2002	County	MADISON	License No.	CA0801
Name of Facility	COMMUNITY PRIDE HEAD START			Telephone No.	(601) 859-2720
Physical Address	454 TROLIO STREET	CANTON	MS	39046	
	<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
Mailing Address	PO BOX 710	CANTON	MS	39046	
	<small>Street Address/Apt. No. — or — Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
Name of Owner/Operator	FRIENDS OF CHILDREN OF MS INC			Telephone No.	(601) 353-3264
Home Address	939 NORTH PRESIDENT STREET	JACKSON	MS	39202	
	<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
Social Security No.		Tax I.D. No.			

Director Information

Person responsible for center operation [Primary Director].

GLORIA MINTER

8-9-55

425-15-7381

Name

Date of Birth

Social Security No.

220 BOYD STREET

CANTON

MS

39046

(601) 859-3417

Home Address

City

State

Zip Code

Home Telephone No.

List individuals designated to act as director in the absence of the primary director [must meet the qualifications to be a director]

SHIRLEY KYLES

GAIL WARD

☐ Emergency relocation sites.

MADISON COUNTY COURT HOUSE TOWN SQUARE CANTON MS

(601) 859-4188

Address

City

State

Zip Code

Telephone No.

Address

City

State

Zip Code

Telephone No.

☐ List all physical changes in the facility in the last 12 months [for license renewal only]

Do You Receive Funds From Any Of The Following

USDA Child Care Food Program? ☒ Yes ☐ No

Federally or state funded programs? ☐ Yes ☒ No
If yes, attach a list of funding sources(s) and telephone.

Continue on the reverse side —▶

Attach Additional Pages As led

For Renewal Only —

Children Enrolled & Ages — Total 301 1 Year _____ 3 Years 103 5 Years _____
Under 1 Year _____ 2 Years _____ 4 Years 179 School Age _____

What days of the week are you open? MONDAY — FRIDAY

What are the months and hours of operation? AUGUST — MAY 6:30 A.M. — 5:00 P.M.

List all holidays and vacation days the facility will be closed SEE ATTACHMENT

Number of Employees — Total 46 Caregivers _____ Service Staff _____

Have you completed all required background checks, including criminal records and child abuse central registry checks on everyone working or volunteering in the facility? ☒ Yes ☐ No

Do you have a staff person currently certified in First Aid and CPR present at all times? ☒ Yes ☐ No

Do you have a current immunization record on all children? ☒ Yes ☐ No

Do you have a current immunization record on all employees? ☒ Yes ☐ No

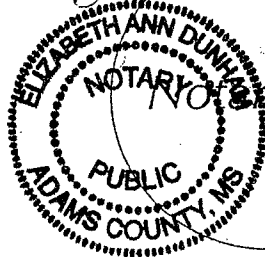
Do you prepare meals in your facility? ☒ Yes ☐ No

If no, attach copy of catering contract and catering facility's Food Service Permit.

Subscribed and sworn to before me this 28th day
of May, 2002.

My commission expires Jan. 13, 2005.

Elizabeth Ann Dunham
Notary Public



Notary Public State of Mississippi
At Large
My Commission Expires
January 13, 2005
BONDED THRU
HEIDEN-MARCHETTI, INC.

I, the undersigned, do solemnly swear or affirm that I am the authorized individual to make application for license. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Child Care Facilities and affirm that all conditions for licensure have been met and will be maintained. I further agree not to transfer ownership, sell the child care facility, modify the structure, or change the location of the facility/services without first notifying the Child Care Facilities Licensure Branch of the Mississippi State Department of Health.

Storia A. Minter
Applicant's Signature

Mail application, fee and all required documents to —

Katie Howell, HPSS
Hinds Environmental Office - South Clinic
PO Box 20
Jackson, MS 39205

Note: All fees are NON-REFUNDABLE.

Make all checks or money orders payable to —
Mississippi State Department of Health

Fee Schedule

Initial Application	\$50.00
6-12 Children	\$30.00
13-30 Children	\$75.00
31-50 Children	\$100.00
51-75 Children	\$150.00
76 or More Children	\$200.00

For Office Use Only

<input type="checkbox"/> Date Initial Application Fee Received	____/____/____
Check/Money Order Number	_____
Amount	\$ _____
<input type="checkbox"/> Date Initial Lic./Renewal Fee Received	____/____/____
Check/Money Order Number	_____
Amount	\$ _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Risk Category

Food Facility Permit

FRIENDS OF CHILDREN OF MISSISSIPPI

is hereby granted this permit to maintain and operate a food facility under the name of

COMMUNITY PRIDE HEAD START

located at

454 TROLIO STREET

Street, Highway or RFD

CANYON

City or Town

MADISON

County

This permit signifies compliance on the date of issue with the Mississippi State Department of Health and is valid for a period of 12 months from the date of issue unless suspended or revoked.

Issuing Official

Kenneth Stoltz, HPSJ

Date

JUNE 25, 2001

State Health Officer

W.E. Thompson, MD

Permit

45C4PH-3190

DISPLAY FOR PUBLIC VIEW — NOT TRANSFERABLE



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name	Community Pride Head Start Ctr.		
Physical Address	454 Jolis Street		
	Canton, MS 39046		
Operator	Gloria Hunter		
Daytime Telephone Number	(601) 859-2720 OR 859-6259 FAX 859-9005		
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence		
Total Number of Floors	1	Number of Floors Used for Child Care	1

I. Building Grounds

A. General

- ☒ 1. Install 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. Install 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 ck. all rooms
- 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. Install adequate, proper heating and/or cooling systems.
- ☒ 11. Hang child safe thermometers at child level in every room utilized by children.
- ☒ 12. Install additional lighting. **Note** — All lights must be shielded.
- ☒ 13. Install telephone accessible to caregivers.
- ☒ 14. Install individual compartments or hooks for each child.
- ☒ 15. Provide 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.
- ☒ 16. Approved — ☐ waste water ☐ water supply
- ☒ 17. Post emergency evacuation plan.
- ☒ 18. Hot and cold running water at all hand washing sinks

B. Kitchen/Food Preparation Area

- ☒ 1. Install adequate refrigeration with thermometer provided.
- ☒ 2. Install adequate cooking appliances (stoves/microwaves/ovens).
- Note** — Number and type must be based on menu evaluation and number of meals to be prepared.

B. Kitchen/Food Preparation Area (continued)

- ☒ 3. Install approved stove hood, vented to outside per fire codes.
- ☒ 4. Install separate freezer when 50+ children are served.
- ☒ 5. Install approved dishwasher. _____
- ☒ 6. Install three (3) compartment sink.
- ☒ 7. Install food preparation sink.
- ☒ 8. Install mop sink.
- ☒ 9. Install handwashing sink. **Note** — All sinks must have hot and cold water.

C. Grounds

- ☒ 1. Install an approved play area with fence.
- ☒ 2. Remove all hazards including non-approved playground equipment
- ☒ 3. Playground equipment must be approved before installation.
- ☒ 4. Playground evaluation must be completed before opening for business.
- ☒ 5. Safe arrival/departure areas.
- ☐ 6. Other _____

II. Furniture And Equipment

A. Furniture

- ☒ 1. Appropriate
- ☒ 2. Child size
- ☒ 3. Adequate number

B. Equipment

- ☒ 1. Approved location of laundry equipment
- ☒ 2. Required toys available (see Section X, 10-1)
- ☒ 3. Approved bedding — ☐ cribs ☒ cots ☒ pads

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

III. Other

- ☒ Comply with local zoning, building and fire safety codes.

IV. Recommendations

*Obtain approved fire survey (form 333) Rec'd 4/12/01
submit menu plans (at least 2 wks) for evaluation & approval
Upon receipt of zoning approval the center will be ready
to be licensed.*

Gloria Hinton
Operator/Center / Date

Sam Fida
Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

Facility Name <u>Community Pride</u>	Director <u>Gloria Minter</u>
License Number <u>Pending</u>	Capacity _____
Date <u>6/21/01</u>	Time In <u>PM</u> Time Out <u>PM</u>
County <u>Madison</u>	Type of Inspection <u>Final Inspection</u>

All Items In Red Are Critical

Final Inspection

- ☐ Qualified director present ☐ Yes ☐ No not observed
☐ Proper staff to child ratio present ☐ Yes ☐ No "
☐ Room and playground capacity met ☐ Yes ☐ No "
☐ Center capacity met ☐ Yes ☐ No "

Sanitation

- ☐ Garbage and garbage bins maintained
☐ Vector control maintained
☐ Water system approved and functioning
☐ Waste water system approved and functioning
☐ Food service approved

Fines (if any)

Critical Violation	Fine Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Fines may be appealed by making a written request for a hearing. The request must be made within ten (10) days of the date of this inspection and mailed to your licensing official.

Hazardous/Potentially Hazardous Conditions — Schedules for Correction

1. GEE
 2. ENCOUNTER
 3. FORM
 4. _____
 5. _____

Other Items — Must be corrected not observed

- ☐ Children's belongings separated/stored ☐ Yes ☐ No not observed
☐ License posted ☐ Yes ☐ No Pending
☐ Evacuation plans posted ☐ Yes ☒ No
☐ Menus posted and served ☐ Yes ☒ No
☐ Plan of activities ☐ Yes ☒ No

Building and Grounds

- ☒ Walls, ceilings, floors, toys, equipment ☒ clean ☐ needs repair
☐ Lighting approved
☒ Heating/cooling approved -ck the other rooms before using
☐ Ventilation adequate
☐ Glass approved ☐ shielded
☒ Telephone on premises, available, and functioning
☐ Electrical outlets protected
☐ Large appliances located properly
☐ Sinks and toilets working properly
☐ Hot water at all sinks
☐ Children barred from kitchen
☐ Exits, doors and fastening devices approved and in good working order
☐ Exits unobstructed
☐ Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order
☒ First aid kits stocked and easily accessible
☐ Playground area clean, well drained and equipped and fence in good repair
☒ Pool area clean, fenced, adequately maintained
☐ Diaper changing stations adequate in number and each fully supplied

Received By <u>X Gloria Minter</u>	Title <u>X Center Manager</u>
Licensing Official <u>Heidi Williams</u>	

White Copy - Facility File Yellow Copy - Operator

Mississippi State Department of Health

Revised 5-18-00

Form No. 281

354-6391-Office
471-2978 (12:00)



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Page 1 of 1

Child Care Encounter

District <u>5</u>	Date <u>6/21/01</u>	
Name <u>Community Pride</u>	License No. <u>Pending</u>	
Address <u>454 Polio Street</u>	Center/Organization/Individual	
<u>Canton, MS 39046</u>		
County <u>Madison</u>	Telephone No. _____	
Travel Time Stop _____	Odom. Stop _____	Enc. Time Out _____
Travel Time Start _____	Odom. Start _____	Enc. Time In _____
Total Travel Time _____	Odom. Total _____	Enc. Total Time _____
Follow-Up Visit <input type="checkbox"/> Yes <input type="checkbox"/> No		

Request/Encounter

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Initial Site Visit | <input type="checkbox"/> Routine Inspection | <input type="checkbox"/> Renewal Inspection | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Program Review | <input type="checkbox"/> Quality Assurance Assessment | <input type="checkbox"/> Training/Education |

Findings: 1. Classrooms (3 used for Summer Programs) are not completely set up for use by children.
2. General cleaning ~~is not completed~~ is not completed for the summer.
3. Storage boxes are in the classrooms that will be utilized for the summer.

Comments/Action

1. Set up classrooms for use - Complete by 6/22/01 @ 12:00
2. Move boxes to storage area/room - out of the classrooms that will be used for the Summer Program
3. Complete general cleaning

A follow-up site visit will be made on 6/22/01 to complete final inspection.

Gloria Hunter
Center Director/Individual

Kevin Williams
Child Care Representative

White Copy - Facility File
Yellow Copy - Encounter File
Pink Copy - Individual



Annual Application

Child Care Facility Licensure

5/7/01 - Received
Sent to Child Care
Central Office doing
w/ check
Entered 05/09/01
70

Office Use Only	
5 17 01	
Check/Money Order	
103116	
Amount: \$	50.00
Date:	5 14 01

Identification Information

Date: MAY 2, 2001 County: MADISON

Name of Facility: COMMUNITY PRIDE HEAD START Telephone #: (601) 859-2720

Physical Address: 454 TRILO ST. CANTON MS 39046
(Street Address) (City) (State) (Zip Code)

Mailing Address: _____
(Street Address and Apt. # or P.O. Box #) (City) (State) (Zip Code)

Name of Owner: FRIENDS OF CHILDREN OF MS INC Telephone #: (601) 362-1541
(Of the Child Care Facility)

Address: 4880 MCWILLIE CIRCLE JACKSON MS 39206

Social Security #: _____ (If Different From Owner) Tax ID #: _____

Name of Operator: GLORIA MINTER Telephone #: (601) 859-3417

Social Security #: 425-15-7388 Date of Birth #: 8/9/55
(If Applicable)

Name of Sponsor: SAME AS OWNER Telephone #: () _____

Address: _____
(Street Address and Apt. # or P.O. Box #) (City) (State) (Zip Code)

Physical Plant

Check One:

Type of building:

- ☐ Residence
☐ Church
☐ Commercial
☐ Other: _____

Type of construction:

- ☐ Frame
☒ Frame & Brick veneer
☐ Masonry
☐ Other: _____

Part of building used:

- ☒ All
☐ Part:
Number of floors: 1
Number of rooms: 27

If entire building is not used, explain usage: 00:22 8-MAY 10

(Continue on reverse side)

Name and phone number of fire department having jurisdiction over facility location:

MADISON COUNTY COURT HOUSE TOWN SQUARE 859-4188

Operation

What age children do you plan on serving?: 3 & 4 YEAR OLDS

What days will you be open?: MONDAY - FRIDAY

What will be your hours of operation?: 6:30 AM - 6:00 PM

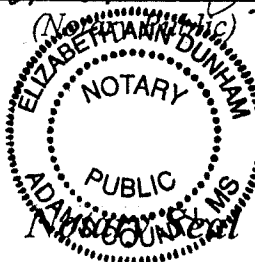
Dates and days closed for vacation/holiday?: SEE ATTACHMENT

Proposed opening date: JULY 2001

Be advised that the licensing process may take 1 to 3 months. You may not operate a child care facility until you are licensed by this office.

Subscribed and sworn to before me this 4th
day of May, 2001
My commission expires January 13, 2005

I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I agree not to begin operation of the child care facility until a license has been issued. I have also read and understand the Regulations Governing Licensure of Child Care Facilities and affirm that all conditions for licensure will be met and will be maintained. I further agree not to transfer ownership, sell the child care facility, modify the structure, or change the location of the facility/services without first notifying the Child Care Facilities Licensure Branch of the Mississippi State Department of Health.



Notary Public State of Mississippi
At Large
My Commission Expires
January 13, 2005
BONDED THRU
HEIDEN-MARCHETTI, INC.

Daria Minter
(Signature of Applicant)

Send completed, signed and notarized application along with a **NON-REFUNDABLE** application fee of \$50.00 (certified check or money order made payable to the Mississippi State Department of Health).

Mail to:

Mississippi State Department of Health
Child Care Facilities Licensure Branch
PO Box 1700
Jackson, MS 39215-1700

Mississippi State Department of Health

(601) 576-7613

(601) 576-7813 FAX

Revised July 1, 1997



Initial Application
Child Care Facility Licensure

Office Use Only

Date App. Rec'd.: 5 17 01
Check/Money Order
103116
Amount: \$ 50.00
Date: 5 14 01

Identification Information

Date: MAY 2, 2001 County: MADISON

Name of Facility: COMMUNITY PRIDE HEAD START Telephone #: (601) 859-2720

Physical Address: 454 TRIOLO ST. CANTON MS 39046
(Street Address) (City) (State) (Zip Code)

Mailing Address: (Street Address and Apt. # or P.O. Box #) (City) (State) (Zip Code)

Name of Owner: FRIENDS OF CHILDREN OF MS INC Telephone #: (601) 362-1541
(Of the Child Care Facility)

Address: 4880 MCWILLIE CIRCLE JACKSON MS 39206

Social Security #: (If Different From Owner) Tax ID #:

Name of Operator: GLORIA MINTER Telephone #: (601) 859-3417

Social Security #: 425-15-7388 Date of Birth #: 8/9/55
(If Applicable)

Name of Sponsor: SAME AS OWNER Telephone #: ()

Address: (Street Address and Apt. # or P.O. Box #) (City) (State) (Zip Code)

Physical Plant

Check One:

Type of building:

- ☐ Residence
☐ Church
☐ Commercial
☐ Other: _____

Type of construction:

- ☐ Frame
☒ Frame & Brick veneer
☐ Masonry
☐ Other: _____

Part of building used:

- ☒ All
☐ Part:
Number of floors: 1
Number of rooms: 27

If entire building is not used, explain usage: _____



FRIENDS OF CHILDREN OF MS, INC.
4880 McWILLIE CIRCLE
JACKSON, MS 39206



2000-2001 SCHOOL CALENDAR

HEAD START CENTER OPERATIONS SCHEDULE

AUGUST 14, 2000	CENTERS OPEN FOR CHILDREN
AUGUST 14, 2000	TRANSITION (NO TRANSPORTATION)
SEPTEMBER 4, 2000	HOLIDAY (LABOR DAY) CENTERS CLOSED
OCTOBER 9, 2000	COLUMBUS BIRTHDAY (CENTERS CLOSED)
*OCTOBER 2000 (TBA)	STAFF DEVELOPMENT DAY
NOVEMBER 10, 2000	HOLIDAY (VETERAN'S DAY) CENTERS CLOSED
NOVEMBER 22-24, 2000	THANKSGIVING HOLIDAYS – CENTERS CLOSED
DECEMBER 20, 2000	CHRISTMAS HOLIDAYS – CENTERS CLOSED
JANUARY 2, 2001	
*JANUARY 3, 2001	STAFF DEVELOPMENT DAY
JANUARY 15, 2001	HOLIDAY (DR. MARTIN LUTHER KING'S BIRTHDAY) CENTERS CLOSED
FEBRUARY 19, 2001	HOLIDAY (PRESIDENT'S DAY) CENTERS CLOSED
*FEBRUARY 2001	STAFF DEVELOPMENT DAY
MARCH 2001	SPRING BREAK (SAME AS LOCAL SCHOOL DISTRICT DATES)
APRIL 13, 2001	GOOD FRIDAY – CENTERS CLOSED
APRIL 16, 2001	EASTER MONDAY
MAY 11, 2001	CENTERS CLOSE FOR SUMMER

NUMBER OF OPERATING DAYS – 168

August 2000 – 14 Days
September 2000 – 20 Days
October 2000 – 20 Days

November 2000 – 18 Days
December 2000 – 14 Days
January 2001 – 19 Days
May 2001 – 09 Days

February 2001 – 18 Days
March 2001 – 17 Days
April 2001 – 19 Days

Friends of Children of Mississippi, Inc.

4880 MCWILLIE CIRCLE - JACKSON, MISSISSIPPI 39206-5024

** Fifty Dollars and 00 Cents **

PAY TO THE ORDER OF

MS STATE DEPT OF HEALTH
CHILD CARE DIVISION (LICENSURE)



AMERICAN BANK
JACKSON, MISSISSIPPI

85-543
6531

103116

CHECK DATE CHECK NO.

05/04/2001

VOID AFTER 90 DAYS
OPERATING ACCOUNT

CHECK AMOUNT

*****50.00



103116 0653054361 50000051320

B. Kitchen/Food Preparation Area (continued)

- ☒ 3. Install approved stove hood, vented to outside per fire codes.
- ☒ 4. Install separate freezer when 50+ children are served.
- ☒ 5. Install approved dishwasher. _____
- ☒ 6. Install three (3) compartment sink.
- ☒ 7. Install food preparation sink.
- ☒ 8. Install mop sink.
- ☒ 9. Install handwashing sink. **Note** — All sinks must have hot and cold water.

C. Grounds

- ☒ 1. Install an approved play area with fence.
- ☒ 2. Remove all hazards including non-approved playground equipment
- ☐ 3. Playground equipment must be approved before installation.
- ☐ 4. Playground evaluation must be completed before opening for business.
- ☐ 5. Safe arrival/departure areas.
- ☒ 6. Other Place barrier around gas meter in the front yard to make it inaccessible to the children

II. Furniture And Equipment

A. Furniture

- ☒ 1. Appropriate
- ☒ 2. Child size
- ☒ 3. Adequate number

B. Equipment

- ☐ 1. Approved location of laundry equipment
 - ☒ 2. Required toys available (see Section X, 10-1)
 - ☒ 3. Approved bedding — ☐ cribs ☒ cots ☒ pads
- Note** — 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- ☒ Comply with local zoning, building and fire safety codes.

IV. Recommendations _____

Richard Stone
Operator/Center / Date

Diane Phillips
Licensing Officer