



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 10/5/20

Name	<u>Winston County Complex</u>	License No.	<u>Pending</u>
Address	<u>500 200 Eiland Avenue, Louisville, Ms 39339</u>	Center/Organization/Individual	
Purpose	<u>Initial Inspection</u>	Director	<u>Patty Curtis</u>
Mileage Start	<u>0</u>	Mileage End	<u>61</u>
County	<u>Winston</u>	Telephone No.	<u>662-773-8965</u>
Time In	<u>11:45</u>	Time Out	
		Total Time	

Findings/Comments

Conducting an initial inspection and completed the following:

Maximum Capacity will remain 373. 25 Lavoatories, 27 hand sinks & 8 diapering sinks. Measurements transcribed from existing worksheets.

Facility Data Sheet Form 286 pgs. 1-2 complete, "out" items submit water billing statement, and fire Form 333 approval of new commercial store / vent hood to be installed.

Kitchen Inspected - In process of replacement of hand sink faucet in unit 15. Corrective measure.

Please submit parent handbook policies: Arrival & Departure Procedures, Daily Schedule of Activities, Discipline Policy, Emergency Policy, Emergency Transportation Policy to include two emergency relocation sites one mile & five miles away Liability Statement, and Transportation Policy.

Please contact licensing official when ready at 662-4344-4369.

Patty Curtis
Center Director/Designee/Individual

Complete Service
Child Care Representative
Mary Hampton

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name	<u>Winston County Complex</u>		Date	<u>10/5/20</u>
Physical Address	<u>200 Island Ave, Louisville, Ms 39339</u>			
Operator	<u>Cathy Goston</u>	Daytime Telephone Number	<u>662-773-8965</u>	
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	<u>2010</u>	Year Building was constructed	
Total # of Floors	<u>1</u>	# of Floors Used for Child Care	<u>1</u>	# of Rooms <u>17</u> # of Rooms Used for Child Care <u>17</u>
Construction: Masonry	<input type="checkbox"/>	Brick	<input checked="" type="checkbox"/>	Frame <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>

I. Building/Grounds

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

A. General

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input checked="" type="checkbox"/> gas <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply <u>Submit Billing Statement</u> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. - Replacement in process |
| <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 checked="" type="checkbox"/> | 5. Approved dishwasher. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink. |
| <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. Transfer documentation |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input checked="" type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input checked="" type="checkbox"/> pads |

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

III. Other

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

IV. Recommendations

Patty Curtis 10/5/2020
Operator/Center/Date

Donna Seibert
Licensing Officer
Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IV Head Start/Early Head Start Date 1/29/21

Name Winston County Complex License No. 80CFGHE-7607

Address 560 Eiland Avenue, Ravenna, MS 39339
Center/Organization/Individual

Purpose Final Inspection Director Patty Curtis

Mileage Start 0 Mileage End 61

County Winston Telephone No. 661-982-6445 / 662-773-8965

Time In 12:00 Time Out 12:52 Total Time _____

Findings/Comments Here to conduct a final inspection.

Facility Data sheet Form 286 Sys 1-2 - Approved store hold
rental to outside per fire codes - complete, Fire Survey form
dated 11/23/20 - complete and water billing statement
two-week cycle of menus - correct.

Temporary license fee \$ 520.00 / maximum capacity
will be (367).

*Name changed update in database.

Child Care Questionnaire was provided to Ms. P. Curtis at the exit conference.

Patty Curtis
Center Director/Designee/Individual

Pauline Delis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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B. Kitchen/Food Preparation Area

In Out NA

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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. - Replacement in process
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- ☐ ☐ ☒ 5. Approved dishwasher.
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- ☒ ☐ ☐ 7. Food preparation sink.
- ☒ ☐ ☐ 8. Mop sink.
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Verified
Se**C. Grounds**

In Out NA

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- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☒ ☐ ☐ 3. Playground equipment approved before installation.
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- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead. Transfer documentation
- ☐ ☐ ☐ 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.

Dec 1/29/27 Se

IV. RecommendationsPatty Curtis 10/5/2020
Operator/Center/DateLicensing Officer
Mary Hampton