



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 7Date 7-20-2018

Name <u>Jonestown family center for Education</u>	License No. <u>Pending</u>
Address <u>401 Main Street</u>	
Center/Organization/Individual	
Purpose <u>Initial</u>	Director <u>Sarah Jackson</u>
Mileage Start _____	Mileage End _____
County <u>Bohomer</u>	Telephone No. <u>662-358-4335</u>
Time In <u>9:05</u>	Time Out <u>11:06</u>
Total Time _____	

Findings/Comments Here for initial site visitThis facility is change of ownership only.Complete forms 281 (Child Care Facility Inspection), 286 (Child Care Facility Data Sheet) and 289 (Food Establishment Inspection Report).Please submit copy of ~~the~~ catering contract and two weeks menus.Licence fee must be paid online.Child Care Questionnaire was left @ facility.

Juan As, Secretary
Center Director/Designee/Individual

Holma Shoopey
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name The Jones town family center Date 7-20-2018

Physical Address 401 main street

Operator _____ Daytime Telephone Number 662-358-4335

☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____

Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 7 # of Rooms Used for Child Care 7

Construction: Masonry ☒ Brick _____ Frame _____ Metal _____ Other _____

I. Building/Grounds

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

A. General

In	Out	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Plug covers on all outlets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Unapproved heaters (must be removed).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Adequate, proper heating and/or cooling systems.
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Telephone accessible to caregivers.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Individual compartments or hooks for each child.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Diaper changing stations in all rooms housing children who are not toilet trained. Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply
<input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Mop sink. |
| <input 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. |
| <input checked="" 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 type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

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

III. Other

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

IV. Recommendations

_____ Secretary
 Operator/Center/Date

 Licensing Officer