



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIIDate 8-23-10

Name	<u>Optimum Day Care Center</u>	License No.	<u>pending</u>
Address	<u>1421 Hwy St</u>	Center/Organization/Individual	<u>Greenville Ms</u>
Purpose	<u>Initial</u>	Director	<u>Angela Holmes</u>
Mileage Start		Mileage End	
County	<u>Wash</u>	Telephone No.	<u>662-332-9651</u>
Time In	<u>9:00 am</u>	Time Out	<u>10:30</u>
		Total Time	

Findings/Comments

Met with Ms Holmes

Have copy of Checklist for filing

Dir from 286 pg 222 name correct

Mr Holmes has Elected Election Paper

Buy in copies of paperwork for file

Change 2 energy measurement site

A lead inspection is needed on the building and the soil by a certified risk assessor. Have a list at Health Dept or call MDEQ in Jackson

Pest Control

Angela Holmes
Center Director/Designee

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name	<u>Optimum Day Care Center</u>	Date	<u>8-23-10</u>
Physical Address	<u>1421 May St Corcoran, MS</u>		
Operator	<u>Angela Halse</u>	Daytime Telephone Number	
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	<u>1940</u>	Year Building was constructed
Total # of Floors	<u>1</u>	# of Floors Used for Child Care	<u>1</u>
		# of Rooms	<u>6</u>
		# of Rooms Used for Child Care	<u>4</u>
Construction: Masonry	<input type="checkbox"/> Brick	<input type="checkbox"/> Frame	<input checked="" type="checkbox"/> 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input 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 type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained. <i>Will check 2 Central office</i>
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply <i>water hook</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☐ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☐ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☐ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☐ 5. Approved dishwasher. _____
- ☐ ☐ ☐ 6. Three (3) compartment sink.
- ☐ ☐ ☐ 7. Food preparation sink.
- ☐ ☐ ☐ 8. Mop sink.
- ☐ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☐ ☐ ☐ 1. Approved play area with fence.
- ☐ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☐ ☐ 3. Playground equipment approved before installation.
- ☐ ☐ ☐ 4. Playground completed before opening for business.
- ☐ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☐ ☐ ☐ 7. Other _____

II. Furniture And Equipment**A. Furniture**

In Out NA

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

B. Equipment

In Out NA

- ☐ ☐ ☐ 1. Approved location of laundry equipment
- ☐ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☐ ☐ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads

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

III. Other

In Out NA

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

IV. Recommendations

Angela L. Holmes
Operator/Center/Date

C. Sun
Licensing Officer