



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4

Date 8/24/20

Name <u>Bright Beginnings</u>	License No. _____
Address <u>9589 Wolfe Rd, Caledonia MS 39740</u>	Center/Organization/Individual _____
Purpose <u>Initial / change of ownership</u>	Director <u>Denene Carter</u>
Mileage Start _____	Mileage End _____
County <u>Leaksville</u>	Telephone No. _____
Time In _____	Time Out _____
Total Time _____	

Findings/Comments Upon arrival licensee met with Buyer/new owner. Here to complete a change of ownership

* floor plans and capacity worksheet was signed

* Kitchen form completed, kitchen received an

Change of ownership forms have been completed, no changes to structure of capacity made during the process.

* once license fee is paid business will resume as usual.

capacity 70.

Center Director/Designee/Individual

Mary Hinton
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Bright Beginnings Date 8/28/20
 Physical Address 9589 W. 8th Rd, Catledge MS 39740
 Operator Dorothy Delene Carter Daytime Telephone Number (601) 380-0200
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors _____ # of Floors Used for Child Care _____ # of Rooms 5 # of Rooms Used for Child Care _____
 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 | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| ☒ | ☐ | ☐ | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| ☒ | ☐ | ☐ | 2. Walls - ☐ clean ☐ repair ☐ paint ☐ replace |
| ☒ | ☐ | ☐ | 3. Floors - ☐ clean ☐ repair ☐ paint ☐ replace |
| ☒ | ☐ | ☐ | 4. Ceiling - ☐ clean ☐ repair ☐ paint ☐ replace |
| ☒ | ☐ | ☐ | 5. Plug covers on all outlets. |
| ☒ | ☐ | ☐ | 6. Barriers installed as needed - ☐ kitchen ☐ stairways ☐ windows ☐ porches ☐ other _____ |
| ☒ | ☐ | ☐ | 7. Handrails - ☐ steps ☐ landings ☐ toilets ☐ other _____ |
| ☒ | ☐ | ☐ | 8. Heating/cooling - ☐ gas ☐ electric ☐ other _____
Note - Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| ☐ | ☐ | ☒ | 9. Unapproved heaters (must be removed). |
| ☒ | ☐ | ☐ | 10. Adequate, proper heating and/or cooling systems. |
| ☒ | ☐ | ☐ | 11. Child safe thermometers at child level in every room utilized by children. |
| ☒ | ☐ | ☐ | 12. Adequate lighting. Note - All lights must be shielded. |
| ☒ | ☐ | ☐ | 13. Telephone accessible to caregivers. |
| ☒ | ☐ | ☐ | 14. Individual compartments or hooks for each child. |
| ☒ | ☐ | ☐ | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note - Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____ |
| ☒ | ☐ | ☐ | 16. Approved - ☒ waste water ☒ water supply |
| ☒ | ☐ | ☐ | 17. Emergency evacuation plan posted. |
| ☒ | ☐ | ☐ | 18. Hot and cold running water at all handwashing sinks. |
| ☒ | ☐ | ☐ | 19. Building constructed prior to 1965 has been tested for lead. |

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. Map 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

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

Revised 8-05-09

Form No. 286