

## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Facility Data Sheet**

| Facility Name La La's Learning Academy Date 04/23/2014  Physical Address 522 Kentucky Street, Greenville, MS 38701                                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Physical Address 522 Kentucky Street, Greenville, MS 38701                                                                                                                   |  |  |  |
| Operator Nikeka Nelson Daytime Telephone Number 662-822-7199                                                                                                                 |  |  |  |
| Commercial Facility Occupied Residence Year Building was constructed                                                                                                         |  |  |  |
| Total # of Floors O/ # of Floors Used for Child Care O/ # of Rooms G # of Rooms Used for Child Care G                                                                        |  |  |  |
| 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. (Outlets) Need to be Secured                                                                                                                  |  |  |  |
| b □ □ 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 (Landline)                                                                                                                            |  |  |  |
| 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 0.3.                   |  |  |  |
| □ □ 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.                                                                                                             |  |  |  |

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

Revised 8-05-09

Form No. 286

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Encounter**

| District ///                                      | Sima Sare Encounter                                                                                                      | Date 04/23/2014                                      |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Name / A / A'S / earning                          | 1. 1                                                                                                                     |                                                      |
| Address 522 Kentucky                              | Academy License No. PENDIO                                                                                               | Vo                                                   |
| Address 300 704 meetey ()                         | Greenville, MS 38701<br>Center/Organization/Individual                                                                   |                                                      |
| Purpose New Site/ Measure                         | ement Director Botaniel Ne                                                                                               | lsin                                                 |
| Mileage Start                                     | Mileage End                                                                                                              |                                                      |
| County Washington                                 |                                                                                                                          | -7199                                                |
| Time In 3:35 p.m.                                 | Time Out 5 105 p.m. Total Time                                                                                           |                                                      |
| Findings/Comments The pur<br>apon armel Nikowa Ni | pose for this visit was for a new<br>ever was present and crinited; then a wa                                            | iste presument.                                      |
| facility was conducted                            | '- g kner a wa                                                                                                           | ex through of the                                    |
| Kitchen : Observed no Vi                          | estations                                                                                                                |                                                      |
| Playground: See Play gr                           | and Checklist                                                                                                            |                                                      |
| Rm (4) - Observed cubbie                          | N wobbling ig Rule 1.10.5                                                                                                |                                                      |
| _ Color showed to se                              | uned.                                                                                                                    |                                                      |
| Km(5) - Observed furnitur                         | e notage appropriate; Rule 1.10.4                                                                                        |                                                      |
| lockers, see - saw in int                         | fact room should be removed; age appro                                                                                   | priate funitive needed                               |
| my 6) - Osened outlet C                           | e not age appropriate; Rule 1.10.4<br>font noon should be removed; age appro-<br>covers not secured; Met.11.1; autlet co | vers should be secured,                              |
| - Ofter all items have (                          | been whom thed to because OR a large.                                                                                    |                                                      |
| repairs have been made                            | is a possible final un next for to                                                                                       | a ten orientony and                                  |
| le issued.                                        | een submitted to licensing officials office is a possible final inspection for                                           | - mercy - one will                                   |
|                                                   |                                                                                                                          |                                                      |
|                                                   |                                                                                                                          |                                                      |
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| The Del                                           | Lever Lies ( his ente Kul)                                                                                               | White Copy - Facility File<br>Yellow Copy - Operator |
| Center Director/Designee/Individual               | Child Care Representative                                                                                                | Tenow Copy - Operator                                |
| Mississippi State Department of Health            | Revised 6-24-09                                                                                                          | Form No. 287                                         |