



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 3Date 10/25/2019

Name Ruleville Headstart License No. Pending
 Address 710 Byron St. Ruleville MS 38771
 Center/Organization/Individual
 Purpose INITIAL I/A Director Olivia Moton
 Mileage Start _____ Mileage End _____
 County Sunflower Telephone No. (662) 756-4005
 Time In 10:11 AM Time Out 11:06 AM Total Time _____

Findings/Comments The purpose for visit is for an INITIAL inspection.
Licensing met with Olivia Moton, director.

Delta Health Alliance has taken over ownership of the previous owner save the children. The maximum capacity for this facility is 42. For Olivia Moton the facility classrooms and ages will remain the same as the previous owner.

Please see form # 286 for All out of compliance items. Once items have been completed, contact licensing for a final inspection. (CIS)

For all questions or concerns contact Dana Jones @ (662) 887-4951 or dana.jones@nehphms.com.

Please submit fire form #333.

A childcare survey was left w/ Olivia Moton, director.

Olivia Moton-Shepard
 Center Director/Designee/Individual

Dana Jones
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name Ruleville Headstart Date 10/25/2019
 Physical Address 710 Byron St. Ruleville MS 38871
 Operator Deva Health Alliance Daytime Telephone Number (662) 750-4005
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 2 # of Rooms Used for Child Care 2
 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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Adequate lighting. Note - All lights must be shielded. <u>Restroom classroom B (CAs)</u>
<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 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 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

- ☒ ☐ ☐ 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

Oliver Moten - Shepard
Operator/Center/Date

Pauline Lee
Licensing Officer