



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 6/10/17

Name	<u>Hinder College Child Care & Preschool</u>	License No.	<u>7018</u>
Address	<u>27342 W. Main Street West Point, MS 39773</u>		
Center/Organization/Individual			
Purpose	<u>Initial Inspection</u>	Director	<u>Bettye Petty</u>
Mileage Start	<u>0</u>	Mileage End	<u>44</u>
County	<u>Clay</u>	Telephone No.	<u>602-494-1092</u>
Time In	<u>10:00</u>	Time Out	<u>11:30</u>
		Total Time	

Findings/Comments Here to conduct an initial inspection.

Please review Child Care Facilities Worksheet Form #286 all items marked "not" must be completed by final inspection.
6/10/17 at 10:00.

See Capacity Worksheet Facility Maximum Capacity 60 Children
limiting factor (1) hand washing sink.

Kitchen Inspection completed!

Review Fire Form #333.

Child Care Questionnaire provided to Mrs. Petty at exit conference.

Bettye M. Petty
 Center Director/Designee/Individual

Pauline Zeevaert
 Child Care Representative
Mary Hampton

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Kinder College CC & Preschool Date 6/8/17
 Physical Address 27342 W. Main Street West Point, MS
 Operator Bethge Betty Daytime Telephone Number 662-494-1092
☒ Commercial Facility ☐ Occupied Residence 1975 Year Building was constructed
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 5 # of Rooms Used for Child Care 4
 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. <u>unlocked position during hours of operation</u>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Plug covers on all outlets. <u>None (N)</u> <u>OK only 6/14</u>
<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 <u>Tempered glass</u>
<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 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 <u>2</u> .
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency evacuation plan posted. <u>OK</u>
<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. <u>(1975)</u>

B. Kitchen/Food Preparation A.

- | 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) <i>Convection Oven</i> |
| | | | Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. <i>Wash, rinse & sanitize cycle</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Mop sink. |
| <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. <i>- cut back by</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads <i>No Infants</i> |

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

Betty M. Betty 6/8/17
Operator/Center/Date

Pauline Zuma
Licensing Officer
Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 6/16/17

Name Kinder College Child Care & Pre-School License No. 7018
 Address 27342 W. Main Street West Point, MS 39773
 Center/Organization/Individual
 Purpose Final Inspection Director Betty Perry
 Mileage Start 22 Mileage End 44
 County Clay Telephone No. 662-494-1092
 Time In 12:35 Time Out 1:37 Total Time _____

Findings/Comments Here to conduct a final inspection.All items completed on Form 286 pgs. 1-2.

Self-limit maximum capacity to 30 per request of operator. License
amt. \$150.00 payable by check or money order to MSDH Child Care
Licensing Division. CK# 1805 Rec'd.

Submit 121 form for Betty Smith & Angela Taylor.
6/16/17 Verification

Gandi Lewis
 Center Director/Designee/Individual

Paula Zivona
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator