



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 4 Date 12/11/20

Name First United Methodist Ch 2 License No. Pending

Address 203 B'd St South Amory Ms 38821  
Center/Organization/Individual

Purpose Initial Director Rachel Sargent

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Memphis Telephone No. (Pending)

Time In 9:30 Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

Findings/Comments upon arrival licensee met with  
here to complete an initial. Items  
need on Check list: Zoning approval (Met)  
• Play ground lead  
• Age of the Building (Met)  
• CPR & First aid (Met)  
• Four weeks of menus (Met)  
• Copy of Handbook

All items received except play ground soil.

Max capacity of facility is (45) based on  
toilets and sinks.

Kitchen received an (A) (Has a dish washer with  
two part sink. One side, will be for sanitizer and opposite  
side for handwashing.

A follow up will be completed for final inspection.

Rachel Sargent  
Center Director/Designer/Individual

Mary Clayton  
Child Care Representative  
Paula Bruno

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 12/11/20

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

- Reminders :
- Shatter proof bulbs
  - Plexy glass on lattice on glass up to four (4) feet
  - Exit door stays open during business hours with single action lock
  - add a phone for use at First United Methodist
  - Thermometer in freezer and refrigerator
  - Barriers surrounding satellite dish / electrical / utility box side of house

Rachel Sargent  
Center Director/Designee/Individual

Mary Hampton  
Child Care Representative  
Gambel Jones

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name	<u>First United Methodist CLC</u>	Date	<u>12/11/20</u>
Physical Address	<u>203 3rd St. South, Amory</u>		
Operator	Daytime Telephone Number		
<input type="checkbox"/> Commercial Facility <input type="checkbox"/> Occupied Residence		Year Building was constructed	
Total # of Floors	<u>1</u>	# of Floors Used for Child Care	<u>5</u>
# of Rooms		# of Rooms Used for Child Care	
Construction: Masonry	<input checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Plug covers on all outlets.   |
| <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 |
| <input checked="" 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | 12. Adequate lighting. Note – All lights must be shielded.   |
| <input type="checkbox"/>   | <input checked="" 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 checked="" 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                        |                                     |                                     |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply  |
| <input type="checkbox"/>   | <input checked="" 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. (2001)  |



**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. Extra sink will be used for sanitizing
- ☐ ☐ ☒ 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**

Rachel Sargent  
Operator/Center/Date

Mary Hampton  
Licensing Officer  
Rachel Sargent