



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIIDate 05/29/2015

Name <u>Care Bears Child Development Center</u>	License No. <u>PENDING</u>
Address <u>303 Huddleston Street, Leland, MS 38756</u> Center/Organization/Individual	
Purpose <u>Initial New Site Inspection / T.A.</u>	Director <u>Lakeaver Flowers Thomas</u>
Mileage Start _____	Mileage End _____
County <u>Washington</u>	Telephone No. <u>662-820-2957</u>
Time In <u>8:20 a.m.</u>	Time Out <u>10:14 a.m.</u>
Total Time _____	

**Findings/Comments** The purpose for this visit was for an initial new site inspection and technical assistance. Upon arrival the following was observed:  
 Lakeaver Flowers Thomas was present and assisted; then a walk through of the facility was conducted and a measurement was done.  
 Facility maximum capacity measured (41).

- Following items need corrections/repairs:
- mini blinds are <sup>check to see</sup> in compliance and not on recall list
  - Vent in floor of preschool classroom should be inaccessible to children
  - all outlet covers needed in every classroom utilized by children
  - diaper changing station needed inside infant classroom
  - handwashing sink leaks in the toddler classroom; should be repaired
  - three (3) compartment sink needed in the kitchen or add separate handwashing sink
  - barriers needed in kitchen area
  - barriers needed in kitchen area in after school classroom
  - all hazardous items should be removed from playground area
  - fence is needed for playground area
  - Licensing officials provided Lakeaver Flowers with the following forms:  
 Playground Checklist, Child Care Facility Data Sheet, Child Care Facility Capacity Worksheet with items of corrections noted on each form.

Once all items have been corrected and repaired; and all required documentation submitted before a temporary license can be issued.

Lakeaver Flowers Thomas  
 Center Director/Designee/Individual

Terry Liggins / L. Dixon  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name Care Bears Child Development Date 05/29/2015  
 Physical Address 303 Huddleston Street, Leland, MS 38756  
 Operator LeKeaver Flowers Thomas Daytime Telephone Number 662-820-2957  
☒ Commercial Facility ☐ Occupied Residence \_\_\_\_\_ Year Building was constructed \_\_\_\_\_  
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 5 # of Rooms Used for Child Care 5  
 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. *Note: Shatter-proof bulbs or 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 01. *Needed in infant classroom*

- ☒ ☐ ☐ 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. *Need lead + soil Test Approval*

*Note: In any diaper-wearing room a diaper changing station is required. Ann Dixon*



**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. *Per Fire Inspection*
- ☐ ☒ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. *Commercial*
- ☐ ☒ ☐ 6. Three (3) compartment sink. *NEED (3) compartment sink or separate handwashing 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. *ladders, paint cans, limbs, bricks, etc.*
- ☐ ☐ ☒ 3. Playground equipment approved before installation. *No equipment observed*
- ☐ ☒ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☐ ☒ ☐ 6. Soil tested for lead. *Need Playground Soil Lead Test Approval*
- ☐ ☐ ☐ 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 (*NEED ZONING Letter*)

**IV. Recommendations**

*Richard Hines Thomas*  
Operator/Center/Date

*Teresa Leggin*  
Licensing Officer

*Dixon*  
5-29-15