



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

D Chapel of the Cross ,PDO
674 Mannsdale Road
Madison, MS 39110/Madison County
601-842-8001 LIC: 7071

Date 06/30/16

License No. (pending) 7071

A
Center/Organization/Individual
Purpose Initial inspection
Director Gail Matear
Mileage Start
Mileage End
County
Telephone No.
Time In 9:05am
Time Out 11:50pm
Total Time

Findings/Comments Upon arrival the licensing official(s); LaTonya Lyles & Veronica Bolls met with Director Gail Matear; Terrell Horne (Assistant Director). The purpose of the visit is for an initial inspection.

Building/Grounds: The following deficiencies were observed:

- #1 Rule 1.11.1(12) observed chipped paint / worn walls in each room X
- #2 Rule 1.11.8(9) observed missing wall thermometer in infant room (COS) ✓
- #3 Rule 1.11.5(4) observed hot water exceeding 120°F in Yellow room (COS) ✓
- #4 Rule 1.11.5(4) observed no hot water in room (Blue), and in restrooms (COS)
- #5 Rule (Appendix C) observed no refrigerator thermometer in several room refrigerators ✓
- #6 Rule 1.11.1(8) recommendation to clean area rug in Blue Room, Yellow, etc.. ✓
- #7 Rule 1.11.7(4) observed loose door frame at office entrance ✓
- #8 Rule 1.11.1(8) observed stained ceiling tiles
- #9 Rule 1.11.1(12) observed cracks in the hallway (foundation)

Kitchen:

recommendation: to clean kitchen
Fix (replace) cabinet doors that is not connected to hinges

Prepare snacks only, menu has been approved by Donna Speed

- #10 Rule 1.11.13(1) requiring a two-compartment but temporarily use church kitchen until installed
- #11 Rule 1.11.4(6)(i)

Facility has been given 30 days to install 2 compartment sink

This facility is a half day program operating from 8am-12pm Mon-Thursday

Gail Matear
Center Director/Designee/Individual

Lyles / [Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 06/30/16

Chapel of the Cross, PDO
674 Mannsdale Road
Madison, MS 39110/Madison County
601-842-8001 LIC: 7071

License No. Pending (7071)

Records Review: Observed no records during this visit

Transportation Services: This facility does not transport, but does have an emergency policy in place

Exit: Technical assistance was provided in all deficiencies cited on today's visit.

The survey card was provided to the director during the exit conference.

My office phone number is (601) 364-2827. The time frame for corrections for buildings and grounds section on this encounter should be corrected as soon as possible to received temporary license.

LaTonya.Lyles@msdh.ms.gov email address if need be.

Capacity fee for the facility is \$200.00 and must be paid before facility can open to received temporary license.

Paul Menteer

Center Director/Designee/Individual

[Signature]

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Chapel of the Cross ,PDO
674 Mannsdale Road
Madison, MS 39110/Madison County
601-842-8001 LIC: 7071

Date 06/30/2010Operator Chapel of the Cross Daytime Telephone Number 601-842-8001
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____

 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 4 # 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input checked="" type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input checked="" type="checkbox"/> replace (Ceiling Tiles) |
| <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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input checked="" 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 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 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 <u>3</u> |
| <input 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 checked="" 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.~~ Two 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

Paul Mattern 6-30-16
Operator/Center/Date

Shylz
Licensing Officer