Form No. 287



Child Care Encounter

District Name Double Lead Address 2404 Church St. Center/Organization/individual Purpose Bleesured Director Mish McCling Mileage Start Mileage End County Mashall Telephone No. 216-U730 Time In Time Out Total Time Findings/Comments License of fiel Ashly Mawrt and Virgina Beny and Virbinal inspection. We did a walk time of rasme. License of high charging such. The facility was using the bathown as a diagre charging such. The facility was using the bathown as a diagre charging such as the most have been much a diagre charging such as diagree charging such as the children have been much a diagree charging such as diagree charging such as the children have been much a diagree charging such as a diagree charging s
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Center Director/Designee/Individual White Copy - Facility Fill Yellow Copy - Operator Child Care Representative

Revised 6-24-09

Mississippi State Department of Health



MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Ora Marshell	Date		
Facility Name Durble Head	License Number 1343		
Purpose_ Reducid	Capacity30		
All Items In Red Are Critical Qualified director present Proper staff to child ratio present Room and playground capacity met	Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	Out CO	
Center capacity met License/complaint visible Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair		
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning Waste water system approved and functioning Food service approved	Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, and functioning		
Possible Monetary Penalty Monetary Penalty 1	Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to exceed 120° Children barred from kitchen		
2. \$ 3. \$ 4. \$	Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good working order		
S\$	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and		
2. 8/1's +17 +13	in good working order First aid kits stocked and easily accessible		
3. 4.	Playground area clean, shaded, well drained and equipped and fence in good repair		
5.	Playground equipment meets standards		
6	Pool area clean, fenced, and adequately maintained		_ <u>/</u>
	Diaper changing stations adequate in number and each fully supplied (number)	 	
Center Director/Individual	Child Care Representative	rym	~

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date	
7343	Double Heart	1/27/20	
CRITICAL VIOLATIONS		CORRECTION PLAN AND SCHEDULE	_
No chital	unlations		
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const ☐ 92080 No Inspection ☐ 92090 Restaurant Training		Certified Manager Licence Number Facility Signature Environmentalist Signature	
Permit Date Please Remit within 10 days		Environmentalist Signature White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

cility Name	Double Heat	License No3	193 Date 197 25
			•
	N/A		
	□ Policies and procedures (Pare		
2.		turance or documentation that pare	ent has been notified that no
	insurance is in effect {Rule 1.4		
3. 1	 Approved arrival and departure 		
		Rule 1.5.2 & Rule 1.6.4 (1) (f)}	
. 0	☐ Attendance records for childre	7	
	-	children (includes date of birth) {	
. '9 '0		late of birth & date of hire) {Rule	1.6.3 (3)}
. 9/0	 Monthly records of fire/disaste 		
. '9' 0		, time, signature for 90 days {Ru	ıle 1.6.3 (6)}
0. 🔾 🖸		ildren and Staff (Rule 1.6.3 (8))	
1. 0	,	ployee's records form) {Rule 1.6.4	i }
2. 🗖 🛛	□ Volunteer records {Rule 1.6.5	45	
3. 🗖 🗖	☐ Children records (attach child	dren's records form) {Rule 1.6.7}	
4. 🗆 🖸	Reports of serious occurence	s made as required {Rule 1.7.1}	
5. 🗆 🖸	Communicable diseases repo	rted as required {Rule 1.7.3}	
6. 2 0	 Daily written reports provided 	to parents for infants and toddlers	s {Rule 1.7.4}
	☐ Staff present who hold valid	CPR and First Aid Certification	1 {Rule 1.8.1 (4) & (5)}
8. 🗖 🛛	☐ Age appropriate program of ac	tivities posted in each room {Sub	chapter 9}
9. 0 0	Required toys present in infant	t room {Rule 1.10.1 (2)}	
0. 0	Required toys present in toddle	er room {Rule 1.10.1 (3)}	
1. 🛮 🖸	Required toys present preschool		
2. 🗹 🔾	☐ Licensed pest control contractor		
3. 🗆 🖸	Pets present (proof of immuniz	ation as required, signed by veter	inarian) {Rule 1.12.6}
4. 2 0	☐ Appropriate discipline policy	followed {Subchapter 14}	
5. 🗖 🗖		policy followed {Subchapter 15}	
6. 🗹 🔾	☐ Infant feeding schedules poste		
Comment	s/Recommendations	35 to Reg. License	
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	up within days		and 1
	Directo	or Designee	Child Care Representative
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