

MISSISSIPPI STATE DEPARTMENT OF HEALTH

2	Child Care Encounter	5021 0
District O	a the state of the	Date 8 6 10 19
Name 1	e transle Hearts Cheutian Actains No. Pen Dance)
Address 14	S. Chatel D. Kulville MS 38771 Center/Organization/Individual	
Purpose 1	TAITA Director Of MA White	5
Mileage Start	Mileage End_	
County JUN	Telephone No. (442) 878 - 983	37_
Time In	Time Out 1248 pm Total Time	
Findings/Comm	nents the pulpose for visit is for an Initial:	INSPECTION.
The Fro	CILITY WAS MEDSUFED WITH A MAXIMUM CAPACITY O	4(95) based
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und All	Heros Mue been complete contact Trenspiry for A T	Mal Inspection.
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All	7. At to	
Alma Enter Director/D	Designee/Individual Child Care Representative White Care Representative	Copy - Facility File Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Little trumble HEARS Chlotian Agrellogie 8/11/2019
Physical Address 143 Mestel St. Wellem 37091
Operator Olima White Daytime Telephone Number (WW) 878-9832
Commercial Facility Occupied Residence Year Building was constructed
Total # of Floors Used for Child Care # of Rooms Used for Child Care #
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.
D 2. Walls - Z clean Prepair Paint Preplace
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
2 0 8. Heating/cooling - 2 gas clectric cother
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.
☐ 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
□ □ 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.

	1011/10	ou i i	eparation Area
In	Out	NA	
F,	. 0		1. Adequate refrigeration with thermometer.
		. 0	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.
A			4. Separate freezer when 50+ children are served.
	, 🗆		5. Approved dishwasher
			6. Three (3) compartment sink.
<u></u>			7. Food preparation sink.
			8. Mop sink.
		[°]	9. Handwashing sink. Note – All sinks must have hot and cold water.
C. Groui	nds		The state of the s
In	Out,	NA	
	, 0		1. Approved play area with fence.
			2. All hazards including non-approved playground equipment removed.
		A	3. Playground equipment approved before installation.
A			4. Playground completed before opening for business.
A			5. Safe arrival/departure areas.
A			6. Soil tested for lead.
	A		7. Other Will NMCS ON THE
r		l = •	
Furnituı A. Furni		i Euip	oment
	Out	NA	
			1. Appropriate
6			2. Child size
			3. Adequate number
B. Equip	ment		
In	Out	NA	
			1. Approved location of laundry equipment
×,			2. Recommended toys appropriate for ages of children are available.
A			3. Approved bedding − cribs □ cots □ pads
Other			Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
Other In . (Out	NA	
			Complies with local zoning, building and fire safety codes.
Recomn	nenda	tions	
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White Copy - Facility File Yellow Copy - Operator Mississippi State Department of Health

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