

Page \_\_\_\_\_ of \_\_\_\_\_

## **Child Care Encounter**

| District 5   |                     | Date 6/21/0/   |
|--|---------------------|--|
| Name Communitar Pride  | License No. Alna    | ing.   |
| Address 454 Holio Steet Center/Organizati  | /-                  |  |
| Carton Md 39046  | ON THAIN CALL       |  |
| County Maplion   | Telephone No.       |  |
| Travel Time Stop Odom. Stop  | Bpc. Tit            | me Out   |
| Travel Time Start Odom. Start  | Enc. Ti             | me In  |
| Total Travel Time Odom Total   | Enc. To             | tal Time   |
| Follow-Up Visit  Yes  No   |                     |  |
| Request/Encounter  |                     |  |
| ☐ Initial Site Visit ☐ Routine Inspection ☐ Renewal ☐ Complaint ☐ Program Review ☐ Quality A | Inspection Te       | chnical Assistance<br>aining/Education   |
|  | Page 16             | 10 mot some plateter   |
| Findings (Classian & used for A  | lin men I nograms w | a myrewy   |
| 2. Henrid Clearing went to dead los  | is not co           | apleted for the summer   |
| 3. Storage bokes are in the  | Classoms yes        | will be alwayed  |
| for The Summer   |                     |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Comments/Action  | 1 - Complete        | by 6/22/01@12:00   |
| 2 movel broken to storage area   | Toom - out of       | the Classonno  |
| that well be used for the  | Summer Program      |  |
| 3. Complete general eleaning   | · /                 |  |
| Qb 12:   |                     | 11001  |
| a follow-up site visit wil   | e be made on        | 6/22/01 6  |
| Complete final inspection  |                     |  |
| Cepier Director/Individual Child Care Rej  | 3 Mario             | White Copy - Facility File<br>Yellow Copy - Encounter File<br>Pink Copy - Individual |
|  |                     |  |

Mississippi State Department of Health

Revised 5-18-00

Form No. 287



## **Child Care Facility Data Sheet**

| Escility Name Community (fride Head Start Ctr.   |
|--|
| Facility Name Community from the   |
| Physical Address 454 Thous men   |
| Parton Mt 39046  |
| Ma Mary  |
| Operator Month Matter  |
| Daytime Telephone Number (601) 859-2720 DR 86259  FAX 859-9005   |
|  |
| Commercial Facility Occupied Residence   |
| Total Number of Floors/ Number of Floors Used for Child Care/  |
| 1. Building Grounds  |
|  |
| A. General  1. Install two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action  |
| opening hardware.  |
| walls — clean repair paint replace   |
| 7023. Floors — Clean   repair   paint   replace  |
| 264. Ceiling — clean repair paint replace  |
| the second of all outlets  |
| 6. Barriers installed as needed — kitchen stairways windows porches other  |
| Manager Colored Colore |
| The state of the s |
| Note - Non-electric heat/cool systems or appliances require carbon monorate monorate   |
| smoke detectors. All gas heaters must be vented to outdoors.   |
| 10 Unapproved heaters must be removed.   |
| the Install adequate proper heating and/or cooling systems.  |
| Hang child safe thermometers at child level in every room utilized by children.  |
| 12. Install additional lighting. Note — All lights must be shielded.   |
| 3. Install telephone accessible to caregivers.   |
| and the standard compartments or books for each child.   |
| 15. Provide 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.   |
| 16. Approved — waste water water water supply  |
| 17. Post emergency evacuation plan.  |
| 18. Hot and cold running water at all hand washing sinks   |
| B. Kitchen/Food Preparation Area   |
| * I hearly adequate refrigeration with thermometer provided.   |
| of a section ambiances (stongs/microwaves/ovens).  |
| Note — Number and type must be based on menu evaluation and number of meals to be prepared.  |

| B. Kitchen/Food Preparation Area (continued)  2. Install approved stove hood, vented to outside per fire codes.  3. Install separate freezer when 50+ children are served.  5. Install approved dishwasher.  6. Install three (3) compartment sink.  7. Install food preparation sink. |  |
|--|--|
| <ul> <li>Install mop sink.</li> <li>Install handwashing sink. Note — All sinks must have hot and cold water.</li> </ul>  |  |
| C. Grounds  1. Install an approved play area with fence.  2. Remove all hazards including non-approved playground equipment  3. Playground equipment must be approved before installation.  24.4. Playground evaluation must be completed before opening for business.                 |  |
| Safe arrival/departure areas.  6. Other  | mann.                                  |
| II. Furniture And Equipment  |  |
| A. Furniture  1. Appropriate  1. Child size  1. Adequate number  |  |
| B. Equipment  1. Approved location of laundry equipment  2. Required toys available (see Section X, 10-1)  2. Approved bedding — □ cribs □ cots  Note — 24 hour and night time care require bedding with minimum 3 inch mattresses.  | [X]                                    |
| III. Other  Comply with local zoning, building and fire safety codes.  | ,                                      |
| 1. Recommendations Oftam approved the furry (form 333) Oft & 4/2/2/2 Sabrus menu plans (at last 2 wks) for evaluation tappion upon script of going approval the lenter will be ready to be licensed.   | 2                                      |
|  | *********                              |
| Operation Center Date  Cicensing Officer   | 00000000000000000000000000000000000000 |
| White Copy - Facility File Yellow Copy - Operator Mississippi State Department of Health Revised 5-18-00 Form No.  | 286                                    |