



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

2

Date

11/20/20

Name

Central office Early Headstart

License No.

Pending

Address

210 West Valley Ave

Center/Organization/Individual

Purpose

Initial

Director

Rosie Williamson

Mileage Start

Mileage End

County

Marshall

Telephone No.

Time In

Time Out

Total Time

Findings/Comments

Here for an initial inspection. Upon arrival license official / Investigators Ashley Mcnutt and Kristen Taylor met w Lillie Smith Field Service Director.

License official measured rooms and did a walk thru of the facility allouts on the 286 form must be in before final inspection will be completed

Below is list of items needed.

* Soil Test

* Lead Test

* Catering Contract (include how food is delivered)

a. Upper management will be consulted on kitchen area for meal prep Room #1

Film over windows

- Cover AC Wall unit in Rm 1, 2 & 3

Playground-

Fence installed

- Tree Limbs Trimmied up to left

- units blocked off

Floor plans- of building that is for childcare

Ashley.mcnutt@msdh.ms.gov

Rosie Kristen W. Taylor

Kimberly Clark

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2

Date 12/15/2020

Name	<u>Central Office Early Headstart</u>	License No.	<u>Pending</u>
Address	<u>210 West Valley Ave.; Holly Springs, MS 38035</u>		
	<small>Center Organization Individual</small>		
Purpose	<u>Final</u>	Director	<u>Rosie Williamson</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Marshall</u>	Telephone No.	<u>662-252-1582 Ext: 135</u>
Time In	<u>10:00</u>	Time Out	<u>11:15</u>
		Total Time	<u>—</u>

Findings/Comments Upon arrival Licensing Officials, Ashley McNutt and Kristen Taylor met with Field Service Director, Lillie Smith. Here to conduct final walkthrough of facility.

Licensing official received the following during today's visit:

- Lead testing for building
- Soil testing for playground
- Catering Contract
- Letter grade for food
- ServSafe for catering & facility
- 3 weeks of menus
- Film on windows completed
- A/C units removed from classrooms
- Floor plan

Form 333 (Fire Form) must be submitted before license can be issued. Playground fence must be completed, all gates hung. If equipment is not installed must be removed from playground.

Maximum capacity for facility will be set at 45, due to number of toilets.

Once Form 333 is received and playground is complete, licensing official will approve licensing.

Center Director/Designee/Individual

Child Care Representative

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

 Facility Name Central office Early Headstart Date 12/15/2020

 Physical Address 210 West Valley Ave; Holly Springs, MS 38035

Operator _____ Daytime Telephone Number _____

☐ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____

 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 3 # of Rooms Used for Child Care 3

 Construction: Masonry _____ Brick X 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <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 checked="" type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 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 _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" 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 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. <u>"Lead Tested"</u> |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Three (3) compartment sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Handwashing sink. Note - All sinks must have hot and cold water. |

C. Grounds

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other _____ |
| | | | _____ |
| | | | _____ |

II. Furniture And Equipment**A. Furniture**

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

B. Equipment

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input type="checkbox"/> pads |
- Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- | In | Out | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

IV. Recommendations

Operator/Center/Date

Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 1-4-2021

Name	<u>Central Office Early Headstart</u>	License No.	<u>Pending</u>
Address	<u>532 South Church St. Tupelo, MS</u>		
	Center/Organization/Individual		
Purpose	<u>Follow up PCC-Final</u>	Director	<u>Rosie Williams</u>
Mileage Start		Mileage End	
County	<u>Marshall</u>	Telephone No.	<u>662-252-1582 Ext. 135</u>
Time In		Time Out	
		Total Time	

Findings/Comments Ashley McHutt - CCFI - received confirmation by email on December 21, 2020 the playground was in compliance.

Fire Form #333 has been received.

Center Director/Designee/Individual

Kimberly Clark
Child Care Representative

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