



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 3Date 8/5/2019

Name	<u>Indianola HeadStart/Early HS</u>	License No.	<u>Pending</u>
Address	<u>702 Rosserett St. Indianola MS 38751</u>		
	Center/Organization/Individual		
Purpose	<u>Initial/TA</u>	Director	<u>Roshunda Sample</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Sunflower</u>	Telephone No.	<u>(662) 390-6436</u>
Time In	<u>10:21 am</u>	Time Out	<u>11:22 am</u>
		Total Time	<u>—</u>

Findings/Comments The purpose for visit is for a initial inspection. Licensing met with Roshunda Sample who works with Delta Health Alliance.

Delta Health Alliance has taken over ownership of the previous owner. Same the children. the maximum capacity is 165. per ms. Sample the facility classrooms and ages will remain the same as the previous owner.

per Roshunda Sample she expects the facility to open late September.

Please see form # 786 for all out of compliance items. Once items have been complete, contact licensing for a final inspection.

For all questions or concerns contact Dana Jones @ (662) 887-4451.

A childcare survey was left with Roshunda Sample.

R Sample
Center Director/Designee/Individual

Dana Jones
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name Indianola Headstart / Early HS Date 8/5/2019
 Physical Address 702 Roosevelt St. Indianola MS 38751
 Operator Delta Health Alliance Daytime Telephone Number (662) 390-6436
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 23 # of Rooms Used for Child Care 13
 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input 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 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input 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 _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Other _____ |

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

- | In | Out | NA | |
|--------------------------|-------------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

IV. Recommendations

Joshua E. Smith
Operator/Center/Date

Dana Jones
Licensing Officer