



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIIDate 04/23/2014

Name <u>Open Arms Day Care & Learning Center</u>	License No. <u>PENDING</u>
Address <u>424 Arnold Avenue, Greenville, MS 38701</u> Center/Organization/Individual	
Purpose <u>New Site/Measurement</u>	Director <u>Debra Smith</u>
Mileage Start _____	Mileage End _____
County <u>Washington</u>	Telephone No. <u>662-407-6762</u>
Time In <u>10:55 a.m.</u>	Time Out <u>12:23 p.m.</u>
Total Time _____	

Findings/Comments The purpose for this visit was for a possible final ^{new site visit} inspection. Upon arrival Mary Bean Hinton was present and assisted. A walk through of the facility was conducted:

Kitchen: no cooking

- Bathrooms: Observed water temperature in bathroom 130°. Rule 1.11.5(4) All handwashing locations water shall not exceed 120 degrees Fahrenheit. Observed water at diaper changing sinks exceeded 120° temperature measured 132°. Hot water should be turned down and adjusted at diapering sinks and bathroom sinks. Observed boys bathroom light is dim. Rule 1.11.1 Boys bathroom need more lighting.

- Playground: See Checklist

- Rm(3) - observed ^{room} ~~table~~ need to be set up with age appropriate furniture.

- observed pipes exposed. Pipes will need to be inaccessible. Rule 1.11.8(16)

- observed cots had bumper pads + two mattresses stacked on top of each other. Rule 1.9.4 (54) No items such as pillow, blanket, bumpers, toys, etc. shall be in the cot.

The following items should be submitted to license officials for a possible final inspection to be scheduled: Need 121 Form, Qualifications - Debra Smith

- Need FBI Letter 121 Form, Qualifications - Mary Bean

- Andrew Hinton - Need FBI Letter

- Licensing fee in the amount of \$150.00

- Need week cycle menu (2 weeks)

- Motorcade Capacity measured (26)

- Need copy of Tummy Safe Certificate; Rem Mary Bean she will take the form as soon as possible.

- Need Zoning Approval Letter

- Need Statement saying the facility will not transport children

- Need Proof of Vehicle Insurance if transporting children

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name Open Arms Day Care + Learning Ctr. Date 9/27/13
 Physical Address 424 Arnold Avenue, Greenville, MS 38701
 Operator Andrew Hernton Daytime Telephone Number 662-931-0941
☒ Commercial Facility ☐ Occupied Residence _____ Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 7 # of Rooms Used for Child Care 4
 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual <u>compartments</u> or <u>hooks</u> 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 <u>hot</u> and <u>cold</u> water and may not be used for any purpose except diapering. Number of diaper changing stations <u>1</u> . |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input checked="" 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

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☐ ☒ ☐ 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.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. _____
- ☒ ☐ ☐ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☒ ☒ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water. _____

C. Grounds

In Out NA

- ☐ ☒ ☐ 1. Approved play area with fence.
- ☐ ☒ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☒ ☐ 3. Playground equipment approved before installation.
- ☐ ☒ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☐ ☒ ☐ 6. Soil tested for lead.
- ☐ ☐ ☐ 7. Other _____

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

In Out NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☐ ☒ ☐ 3. Approved bedding - ☒ cribs ☒ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☐ ☒ ☐ Complies with local zoning, building and fire safety codes. *ok*

IV. Recommendations

[Signature]
Operator/Center/Date

[Signature]
Licensing Officer