



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIIDate 6-1-10

Name	<u>Shirley's Toys &amp; More</u>	License No.	<u>percy</u>
Address	<u>229 N. Hwy</u>	Center/Organization/Individual	<u>Shirley</u>
Purpose	<u>New family</u>	Director	<u>Shirley Anderson</u>
Mileage Start		Mileage End	
County	<u>Wash</u>	Telephone No.	<u>662-537-4216</u>
Time In	<u>9:00</u>	Time Out	<u>10:15</u>
		Total Time	

Findings/Comments House will be 24 hoursChange name to Nynas St Learning CenterNo playground equipment is on the playgroundNo gaps on fence  
put barriers around the house to block off the  
space underneath the housesto will be study.Any new law will need to have the FBI looking  
Security & 121 lawOther needed:Lead inspector a seal ✓CPR JFA2 energy related sitesCACRC need on our children

Shirley Anderson  
Center Director/Designee/Individual

Jim Lee  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



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# Child Care Facility Data Sheet

Facility Name Glenns Tynes & Coyle Date 6/1/10  
 Physical Address 229 N Hwy  
 Operator Glenn Anderson Daytime Telephone Number 662-537-4216  
☐ Commercial Facility ☒ Occupied Residence \_\_\_\_\_ Year Building was constructed \_\_\_\_\_  
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 6 # of Rooms Used for Child Care 1  
 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.
- ☐ ☐ ☐ 2. Walls – ☐ clean ☐ repair ☐ paint ☐ replace
- ☐ ☐ ☐ 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 house
- ☐ ☐ ☐ 7. Handrails – ☐ steps ☐ landings ☐ toilets ☐ other \_\_\_\_\_
- ☐ ☐ ☐ 8. Heating/cooling – ☐ gas ☐ electric ☐ 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.
- ☐ ☐ ☐ 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.

**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 type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens)<br>Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. _____   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 8. Mop sink.  |
| <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other <u>Dogs on Gate, Cut down</u>                              |

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

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

**B. Equipment**

- | In                       | Out                      | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved location of laundry equipment  |
| <input 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 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 type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

**IV. Recommendations**

Michelle Anderson  
Operator/Center/Date

[Signature]  
Licensing Officer