



## Application for New Permit

		For Health Department Use Only	
Name of Facility <u>Little Footprints Learning Center Inc.</u>		Facility ID Number <u>#5295</u>	
Physical Address <u>319 Distribution Dr.</u>		PIN Number	Environmental Code <u>LBS</u>
City <u>Madison</u>	State <u>MS</u>	Zip <u>39110</u>	
Mailing Address (if different from physical address)		Facility Phone Number	PH Priority <u>2</u>
City	State	Zip	
Facility Manager Name <u>Stephanie Mahaffey + Jennifer Nelson</u>			
Owner is (check <input checked="" type="checkbox"/> one): <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Owner Name <u>Stephanie Mahaffey 601-573-9100 + Jennifer Nelson</u>			
Address <u>107 Red Oak Ct. Madison MS.</u>		Phone Number <u>120 Belle Terre</u>	
Corporate Supervisor (if applicable) <u>39110</u>		<u>Madison MS 39110</u>	
Address		Phone Number	

I have received a copy of the Mississippi State Department of Health Rega / Food Code and am familiar with all applicable sections. I have complied with all requirements of this regulation. As owner/manager of the above facility, I hereby request the Mississippi State Department of Health to make an inspection and to issue a permit to operate the facility/business named above and agree that upon proper identification a

representative of the State Department of Health may enter upon these premises and into this facility/business for the purpose of making official inspections and/or collecting samples if applicable at any time this facility/business is open for business. It is further understood that, should a permit be issued, it may be suspended or revoked at any time for just cause, as determined by the regulatory authority.

Applicant Name <u>Jennifer Nelson Stephanie Mahaffey</u>	
Address	Phone Number

### For Health Department Use Only

Application Approved Date <u>6-9-08</u>	Signature <u>Linda Buster</u>
Facility is (check <input checked="" type="checkbox"/> one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion <input type="checkbox"/> Transitional	Signature <u>Linda Buster</u>
Plan Review Approved Date <u>11/15/07</u>	

White Copy = Environmentalist  
Canary Copy = Central Office  
Pink Copy = Facility



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet *Building II*

Facility Name Little Footprints Learning Center Date 5-11-18Physical Address 319 Distribution Dr. Madison ms 39110Operator S. Mahaffey AND J. Nelson Daytime Telephone Number 661-898-1221
☒ Commercial Facility   ☐ Occupied Residence   2010 Year Building was constructed
Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 14 # of Rooms Used for Child Care 11Construction: 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 checked="" type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other <u>gas-heat &amp; elec. Air -</u><br>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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Diaper changing stations in all rooms housing children who are not toilet trained.<br>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 checked="" type="checkbox"/> water supply <u>Boar Creek</u>  |
| <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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead.  |



**B. Kitchen/Food Preparation Area***Kitchen in Building I*

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. *Will fence + 2 gates*
- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☐ ☒ 3. Playground equipment approved before installation. *no equipment now*
- ☒ ☐ ☐ 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***Will add furniture/toys/etc -*

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.

**IV. Recommendations**

*to open mid June 2010 - construction*  
*will be complete by then -*

Operator/Center/Date

*Jeffery B. McKeef*  
 White Copy - Facility File Yellow Copy - Operator  
 Mississippi State Department of Health

Licensing Officer

Revised 8-05-09

Form No. 286



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Data Sheet

Facility Name Little Footprints Date 5-15-08  
 Physical Address 319 Distribution Dr. Madison MS 39110  
 Operator Stephanie Mahaffey Daytime Telephone Number \_\_\_\_\_  
+ Jennifer Nelson  
 Commercial Facility ☐ Occupied Residence ☐ Year Building was constructed 2008  
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 10 # of Rooms Used for Child Care 10  
 Construction: Masonry \_\_\_\_\_ Brick ☒ Frame \_\_\_\_\_ Metal \_\_\_\_\_ Other \_\_\_\_\_

### I. Blding/Grounds

#### A. General

- ☒ 1. Install 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. Install plug covers on all outlets.
- ☒ 6. Barriers installed as needed – ☐ kitchen ☐ stairways ☐ windows ☐ porches ☐ other \_\_\_\_\_
- ☒ 7. Handrails – ☐ steps ☐ landings ☐ toilets ☐ other \_\_\_\_\_
- ☒ 8. Heating/cooling – ☐ gas ☐ electric ☐ other electric-cooling/gas-heat  
 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. Will be installed
- ☒ 9. Unapproved heaters must be removed.
- ☒ 10. Install adequate, proper heating and/or cooling systems.
- ☐ 11. Hang child safe thermometers at child level in every room utilized by children. will add
- ☒ 12. Install additional lighting. Note – All lights must be shielded.
- ☐ 13. Install telephone accessible to caregivers. \_\_\_\_\_
- ☒ 14. Install individual compartments or hooks 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. Number of diaper changing stations 9
- ☒ 16. Approved – ☐ waste water ☐ water supply Bear Creek
- ☐ 17. Post emergency evacuation plan. will post
- ☒ 18. Hot and cold running water at all hand washing sinks.
- ☒ 19. Buildings constructed prior to 1977 shall be tested for lead. New Building in 2008

#### B. Kitchen/Food Preparation Area

- ☒ 1. Install adequate refrigeration with thermometer provided. install in Refrigerator
- ☒ 2. Install adequate cooking appliances (stoves/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)**

- ☒ 3. Install approved stove hood, vented to outside per fire codes.
- ☒ 4. Install separate freezer when 50+ children are served.
- ☒ 5. Install approved dishwasher.
- ☒ 6. Install three (3) compartment sink.
- ☒ 7. Install food preparation sink.
- ☒ 8. Install mop sink.
- ☒ 9. Install handwashing sink. Note – All sinks must have hot and cold water.

**C. Grounds**

- ☒ 1. Install an approved play area with fence.
- ☒ 2. Remove all hazards including non-approved playground equipment. *will complete before 6/08*
- ☒ 3. Playground equipment must be approved before installation.
- ☐ 4. Playground evaluation must be completed before opening for business.
- ☒ 5. Safe arrival/departure areas.
- ☒ 6. Soil must be tested for lead. *— msu soil lab —*
- ☒ 7. Other \_\_\_\_\_

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

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

*To be added -***B. Furniture**

- ☐ 1. Approved location of laundry equipment
- ☒ 2. Required toys available (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities)
- ☒ 3. Approved bedding – ☐ cribs ☐ cots ☒ pads

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

**III. Other**

- ☐ Comply with local zoning, building and fire safety codes.

**IV. Recommendations***New building**Kitchen/ playground will be completed*

*Stephanie McHaffey*  
 Operator/Center/Date  
 June 2008

White Copy - Facility File    Yellow Copy - Encounter File  
 Mississippi State Department of Health

*Linda Butler*  
 Licensing Officer

Pink Copy - Individual  
 Revised 8-27-04