Form No. 287



District 1	Date_5-13-19
Name Hamsburg Brooks Church	nOBA License No. Pendina
Address 532 South Church St	ganization/Individual
Purpose Follow Cap/Final	Director April Numble - Exclinate
Mileage Start	Mileage End_
County Lee	1.1 00110 ===
Time In Time Out	Total Time
Findings/Comments The licensing	fricial received proof
or the gove of the low	iding. The buildingues
building.	ead test headed on the
Center Director/Designee/Individual Child Care	White Copy - Facility File Yellow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health

Form No. 287



## MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Encounter

District	y .	Date 5-13-17
Name Harroburg Raphal Church	CABA License No. POV	dim
Address 46 /6 Cliff Goodin Blyd Center/Org	Tupelo 38801 ganization/Individual	311 ()
Purpose Fellowap/Fired	_ Director_April Nu	nnelse-Ex. director
Mileage Start	Mileage End	
County 86	Telephone No. <u>662-84</u>	12-3887
Time In 9.33 Time Out 10.00	Total Time	)
Findings/Comments Here for a follow The licensing of Ficial Mi	et with April	runnelse
From #281 and From #25	4-10	
Anything marked "Cut" of the most be incompliance to	on town #281	completed, and form#a86
cult be issued.	de tota a ternic	DICITY IICENSE
Approved menu plan hy	as been provi	ided to
Kitchen received an "A"-1	no contrad vid	cations in
Approved Fire Form #333 h	as been nee	ved.
- Proof of Place of Rulding	must be subniverse	nited and will be
issued.	1 /	
Facility Dapacity 18 Set Cut C	o due to the r	number of
Licerse fee must be subm	atted online at	CO CO.
before a temporary license	will be 15the	
enter Director/Designee/Individual  Child Care R	Pely Clark Representative	White Copy - Facility File Yellow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health



#### MISSISSIPPI STATE DEPARTMENT OF HEALTH

### **Child Care Facility Data Sheet**

Facility Name Harrisburg Rouplist Church CASA Date 5-13-19	
Physical Address 4676 Cliff God in Blvd Tupelo 3880	10
Operator April Nunnel CC Daytime Telephone Number (clod-842-3887)	-
2 June 10 control (Control of Control of Con	_
Commercial Facility Occupied Residence Year Building was constructed	l
Total # of Floors # of Floors Used for Child Care # of Rooms # of Rooms Used for Child Care /	
Construction: Masonry Brick Frame Metal Other Local	
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	
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.	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
☐ ☐ 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. Kit	chen/Fo	ood Pr	eparation Area	Page 2 o
In	Out			C
<u> </u>	′ 🚨		1. Adequate refrigeration with thermometer.	
Ø				
<i>~</i> ⊿		0	<ol> <li>Adequate cooking appliances (stoves/microwaves/ovens)         Note - Number and Type must be based on menu evaluation and number of meals to be prepared.     </li> <li>Approved stove hood, vented to outside per fire codes.</li> </ol>	
<i>,</i>			4. Separate freezer when 50+ children are served.	
(				
Ø		٥		_
•		0.1100	6. Three (3) compartment sink.	
<b>,2</b> 2		u .	7. Food preparation sink.	
		A	8. Mop sink.	
Z			9. Handwashing sink. Note – All sinks must have hot and cold water.	
C. Gro	200 1000 0000	NIA		
 Ø	Out	NA	1 Approved play area with for	
~ Ø			1. Approved play area with fence.	
			2. All hazards including non-approved playground equipment removed.	
Ø			3. Playground equipment approved before installation.	
Ø			4. Playground completed before opening for business.	
Ø			5. Safe arrival/departure areas.	
Ø			6. Soil tested for lead.	
		Z'	7. Other	
				_
II. Furnitu	ire An	d Euip	oment	-
A. Furr		•		
In	Out	NA		
Ø			1. Appropriate	
X			2. Child size	
Ø			3. Adequate number	
B. Equi	pment			
In	Out	NA		
		A	1. Approved location of laundry equipment	
$\not\square$		□ (	2) Recommended toys appropriate for ages of children are available.	
		A	3. Approved bedding − □ cribs □ cots □ pads	
			Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.	
III. Other			i managama managasas.	
In	Out	NA		
			Complies with local zoning, building and fire safety codes.	
IV. Recom	menda	ations		
	1	\		
donal	()	1.		
perator/Center	/Data	Ju	mell Limbaly Chuk	
permor/Center	Date	1	Licensing Officer	

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



# MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Encounter

District		Date 5-10-19
Name Harrisburg Raptest Church	CASA License No. Pend.	<b>X</b> V
Address 4675 Cliff Godin Blud Center/Or	Tupelo 3880/	3
	_ Director April Nume	ela-auner
Mileage Start	Mileage End	
County Lee	Telephone No. 662-842-3	3867
Time In 9:45 Time Out 11:10	Total Time	
Findings/Comments Here for an init	al inspection.	
the licensing of Ficial ema	iled who toller in	va documents
The state of the s	$A \cap A \cap$	0
- And Care Peaulations 5	ummary	
- Findemerovency and loc	<b>t</b>	
- medication log	3	
- Sign in Sign and term	7	
- Keident/incident form		
- (hild laire enrollment	rorm	
- Employee Application - Staff contact load		
- Information on Ebka	ining a food in	100000
- DELIKE I KENG	•	veger
- Volunteer sign in/sic	in out form	
The licensing official pro	vided the follow	ing takes
inspection	of dunney the	inital
- Fire form #333	0	
- Compaint poster		
- Dosmokins poster		
- Blue food code book		
Parent tandbook has been	1 received	
Lenter Director/Designee/Individual  Child Care	Representative	White Copy - Facility File Yellow Copy - Operator
Sississippi State Department of Health		_
	10,1004 0-27-07	Form No. 287



### Child Care Encounter (Continuation)

Date <u>5-10-19</u>

Facility Name Harmshard Roughest Church CASA License No. Pending The licensing of Ficial received Zoning Letter approval and leater Sower hill.	
and leater/sower bill.	
Paygraind in Complance.	
Form #281 and Form #286 bove been completed. Anything marked "act" on form #286 and form #286 must be in compliance before a temporary license call be 1860e.	
be 156e. Compliance before a temperary license coll	
Capacity is set at 90 children due to the number of handreshing-sinks.	
Distribution is to be moved and stored away from Children.	
Freezer must be installed away from children.	
Place submit proof of age of the building to	
Place Submit current CPR+FIA to the licensing	
Place Submit the approved fire form to the Licensing official.	-771.
Profofage of bulding, Current CPR+FA, and approved five form must be submitted to the liversing of the property of the liversing of the property of the liversing of the liversi	
will be issued	
Enter Director/Designee/Individual  Child Care Representative  White Copy - Facility File Yellow Copy - Operator	
Mary Haryotop	



# Child Care Encounter (Continuation)

Page 3 of 3

Date 5 10-19

Facility Name Ham Shara Baptest Church CAPA License No. Pend. Floor Plans + Max Capacitle worksheet has Sighed and discussed with April 1	ncy xe been lunnelee,
The licensing official will return to facility on monday. May 13, 2001 at for a falke up) timal inspection.	
enter Director/Designee/Individual  Child Care Representative  Child Care Representative	White Copy - Facility File Yellow Copy - Operator



#### MISSISSIPPI STATE DEPARTMENT OF HEALTH

#### **Child Care Facility Data Sheet**

		. ,	
Facilit	y Nam	ie_	Ernsburg Raphst Church CARA Date 5-10-19
Physic	al Add	lress	:4675 Cliff Goden Blud Tupelo 3880
	tor A		
☑ Con	nmercia	al Fa	acility  Occupied Residence  Year Building was constructed
Total #	of Flo	oors	# of Floors Used for Child Care # of Rooms # of Rooms Used for Child Care
			sonry Brick Frame Metal Other
I. Building			
Mark: Ir	ı = Inc	omp	liance with Regulations Out = Out of compliance with regulations $NA = Does not apply$
A. Gener In	rai Out	N/	
Z			
		_	1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
Ø			2. Walls — □ clean □ repair □ paint □ replace
Ø			3. Floors — □ clean □ repair □ paint □ replace
Ø			4. Ceiling — □ clean □ repair □ paint □ replace
	×		5. Plug covers on all outlets.
Ø			6. Barriers installed as needed – □ kitchen □ stairways □ windows □ porches □ other
		A	7. Handrails – □ steps □ landings □ toilets □ other
X			8. Heating/cooling – gas gelectric 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.
Ø.			9. Unapproved heaters (must be removed).
A			10. Adequate, proper heating and/or cooling systems.
	A		11. Child safe thermometers at child level in every room utilized by children.
Ø			12. Adequate lighting. Note – All lights must be shielded.
Ø			13. Telephone accessible to caregivers.
D			14. Individual compartments or hooks for each child.
		N	and the state of t
			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
A			16. Approved − □ waste water □ water supply
	A		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.

Form No. 286

B. Kitc	hen/F	ood P	reparation Area (continued)
Yes	No	N/	
Z			3. Install approved stove hood, vented to outside per fire codes.
	N	` <b>u</b>	4. Install separate freezer when 50+ children are served.
		Ø	
Ø			6. Install three (3) compartment sink.
Ø			7. Install food preparation sink.
		Ø	8. Install mop sink.
Ø		o o	9. Install handwahing sink. Note – All sinks must have hot and cold water.
C. Grou	ınds		7 M shiks mave not and cold water.
Yes	No	NA	
P			1. Install an approved play area with fence.
Ø			2. Remove all hazards including non-approved playground equipment.
			3. Playground equipment must be approved before installation.
			4. Playground must be completed before opening for business.
Ø			5. Safe arrival/departure areas.
Ø			6. Soil must be tested for lead.
		D	7. Other
II. Furnitu		nd Eui <sub>l</sub>	oment
A. Furn Yes	iture No	NIA	
les ⊿	140	NA	1. Appropriate
	_	_	2. Child size
<b>2</b> °	_		3. Adequate number
B. Furni		_	5. Adequate number
Yes	No	NA	
		P	1. Approved location of laundry equipment
	d		2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities)
		D'	3. Approved bedding − □ cribs □ cots □ pads
		•	Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
III. Other			i de la constanta de la consta
Yes	No	NA	Comply with local paris 10111 1 1 5
IV. Recom			Comply with local zoning, building and fire safety codes.
Recom	iiiciia	auons	
-			
<u> </u>	^		
the la	1		
Minh	N	M	Well Sim Oeder Clark
Operator/Center/		1	Licensing Officer
White Copy - Mississippi S	Facilitate De	ity File epartm	ent of Health
11		1	ent of Health Revised 12-17-08 Form No. 286