



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District II

Date 5-13-19

Name	<u>Hannaburg Baptist Church CSA</u>	License No.	<u>Pending</u>
Address	<u>532 South Church Street Tupelo 38801</u>		
	Center/Organization/Individual		
Purpose	<u>Follow up/Final</u>	Director	<u>April Nunnelee-Ex-director</u>
Mileage Start		Mileage End	
County	<u>Lee</u>	Telephone No.	<u>662-842-3887</u>
Time In		Time Out	
		Total Time	

Findings/Comments The licensing official received proof of the age of the building. The building was built after 1965. No lead test needed on the building.

Center Director/Designee/Individual

Kimberly Clark  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 5-13-17

Name Hannabury Baptist Church CASA License No. Pending  
 Address 4675 Cliff Godkin Blvd Tupelo 38801  
Center/Organization/Individual  
 Purpose Follow up/Final Director April Nunnelee - Ex. director  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Lee Telephone No. 662-842-3887  
 Time In 9:33 Time Out 10:00 Total Time \_\_\_\_\_

Findings/Comments Here for a follow up/final inspection.  
The licensing official met with April Nunnelee  
upon arrival.

Form #281 and Form #286 have been completed.  
Anything marked "Out" on Form #281 and Form #286  
must be in compliance before a temporary license  
will be issued.

Approved menu plan has been provided to  
the pending facility

Kitchen received an "A" - no critical violations in  
the kitchen.

Approved fire form #333 has been received.

- Proof of Age of Building must be submitted and  
approved before a temporary license will be  
issued.

Facility capacity is set at 90 due to the number of  
hand washing sinks. License fee is \$300.00.  
License fee must be submitted online at [www.health.ms.com](http://www.health.ms.com)  
before a temporary license will be issued.

April Nunnelee  
 Center Director/Designee/Individual

Kimberly Clark  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name Hannaburg Baptist Church CUSA Date 5-13-19Physical Address 4675 Cliff Godkin Blvd Tupelo 38881Operator April Nunnelee Daytime Telephone Number (662) 842-3887
☒ Commercial Facility    ☐ Occupied Residence    \_\_\_\_\_ Year Building was constructed
Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 5 # of Rooms Used for Child Care 1Construction: Masonry \_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Metal \_\_\_\_\_ Other Wood

## 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.

☒ ☐ ☐ 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

- ☒ ☐ ☐ 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.

**IV. Recommendations**


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*April W. Sumner*  
Operator/Center/Date

*Kimberly Clark*  
Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 5-10-19

Name Harrisburg Baptist Church CASA License No. Pending  
 Address 4675 Cliff Godin Blvd Tupelo 38801  
Center/Organization/Individual  
 Purpose Initial Director April Nunneke - owner  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Lee Telephone No. 662-842-3887  
 Time In 9:45 Time Out 11:10 Total Time \_\_\_\_\_

Findings/Comments Here for an initial inspection.  
The licensing official emailed the following documents  
to the pending facility on May 10, 2019.

- Child Care Regulations Summary
- ARC Food Packet
- Fire/emergency drill log
- Medication log
- Sign in/Sign out form
- Accident/incident form
- Child Care enrollment form
- Employee Application
- Staff contact log
- Information on obtaining a food manager
- Blank menu
- Volunteer sign in/sign out form

The licensing official provided the following to the pending facility during the initial inspection.

- Fire form #333
- Complaint poster
- No smoking poster
- Blue food code book

Parent handbook has been received

April Nunneke  
 Center Director/Designee/Individual

Kim O'Leary Clark  
 Child Care Representative  
Mary Hampton

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5-10-19

Facility Name Hannaburg Baptist Church CFA License No. Pending

The licensing official received zoning letter approval and water/sewer bill.

Playground in compliance.

Form #281 and Form #286 have been completed.

Anything marked "out" on form #281 and form #286 must be in compliance before a temporary license will be issued.

Capacity is set at 90 children due to the number of handwashing sinks.

Dishwasher is to be moved and stored away from children.

Freezer must be installed away from children.

Please submit proof of age of the building to the licensing official.

Please submit current CPR + FA to the licensing official.

Please submit the approved fire form to the licensing official.

Proof of age of building, current CPR + FA, and approved fire form must be submitted to the licensing official before a temporary license will be issued.

*April Murrell*  
Center Director/Designee/Individual

*Kimberly Clark*  
Child Care Representative  
*Mary Hampton*

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5-10-11

Facility Name Hannaburg Baptist Church C/A License No. Pending  
Floor Plans + Max Capacity worksheet have been  
signed and discussed with April Nunnelee.

The licensing official will return to the  
facility on Monday, May 13, 2011 at 9:30AM  
for a follow up/final inspection.

April Nunnelee  
 Center Director/Designee/Individual

Kimberly Clark  
 Child Care Representative  
Mary Hampton

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name Hannaburg Baptist Church CFAA Date 5-10-19  
 Physical Address 4675 Cliff Gordin Blvd Tupelo 38801  
 Operator April Nunnelee Daytime Telephone Number 662-842-3887  
☒ Commercial Facility ☐ Occupied Residence \_\_\_\_\_ Year Building was constructed \_\_\_\_\_  
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 5 # of Rooms Used for Child Care 1  
 Construction: Masonry \_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Metal \_\_\_\_\_ Other Wood

## 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Plug covers on all outlets.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> electric <input type="checkbox"/> other _____<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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 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 checked="" 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 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 (continued)**

Yes No NA

- ☒ ☐ ☐ 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**

Yes No NA

- ☒ ☐ ☐ 1. Install an approved play area with fence.
- ☒ ☐ ☐ 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.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil must be tested for lead.
- ☐ ☐ ☒ 7. Other \_\_\_\_\_

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

Yes No NA

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

**B. Furniture**

Yes No NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☐ ☒ ☐ 2. Toys appropriate for age 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**

Yes No NA

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

**IV. Recommendations**

*Amber Munnell*  
Operator/Center/Date

*Kimberly Clark*  
Licensing Officer  
*Mary Hampton*