76(8006

Mississippi State Department of Health CHILD CARE SURVEY DATA — PART I

COU	NTY V	SANITARIAN I.D. NO. 4668
FAC	ILITY OPE ILITY NAM DRESS/PHQ	
	FAMIL	Y DAY CARE CENTER DAY CARE CENTER
I. Maxi	B. Amo C. Num D. Num	unt of usable indoor square feet measured: 2140 unt of usable outdoor square feet measured: 463 ber of toilets noted: 3 toilets unit ber of lavatories noted: 400 er of allowable children 600
The	following in	dicated items shall be completed for licensure:
II.	Building a Outdoor P	nd Grounds Play Area
	A.	Install two (2) remote outward opening doors (minimum 32 inches wide). One near the front and one at the rear.
	—— В.	Clean: (a) walls (b) floors (c) ceiling.
	C.	Repair walls.
	D.	Paint walls.
		Replace floor.
		Install plug covers in all wall outlets.
	G.	Install an approved play area with a barrier of a minimum height of four (4) feet containing at leas seventy (70) square feet per child.
	—— Н.	Clean play area of hazardous or potentially hazardous objects.
	I.	Install barriers at kitchen entrance.
	J.	Install barriers at stairways.
	K.	Install handrails at steps.
	L.	Install barriers at low windows or full length glass doors.
III.	<u>Kitchen</u>	
	A.	In the kitchen, install: ——————————————————————————————————
	В.	Install a two (2) compartment sink.
	C.	Install a separate handwashing lavatory.
	D.	Install a hood over the stove vented to the outside air.
	E.	Provide overhead light with a shield.
	F.	Remove laundry equipment from the kitchen.
	G.	Install adequate refrigeration with thermometer provided.

IV.	Heating					
	A.	Install proper heating (see page 20 of the "Regulations Governing Licensure of Child Care Facilities").				
		Gas heaters, if used, must meet the following requirements:				
		The flame shall be recessed and enclosed with a guard so designed that clothing or other inflammable material cannot be ignited.				
		Each heater shall be equipped with automatic shut-off valve.				
		Each heater shall be vented to the outside.				
	B,	and reacers infoughout the building (space neaters).				
		Protect floor furnaces with a barrier.				
	D.	Heating shall be adequate to maintain a temperature between 68 degrees and 72 degrees at child height. Accurate thermometers shall be hung throughout the facility.				
V.	Furniture	and Equipment				
	A.	Equipment shall be sturdy and safe and shall not have sharp edges, splinters, protruding nails, etc.				
	—— В.	Paint on toys shall be lead-free and nonpoisonous.				
	C.	Chairs and tables shall be of a size appropriate to the size of the children.				
		Individual hooks or compartments provided for each child.				
VI.	Fire Safet	Fire Safety				
	A.	An adequate number of ABC type fire extinguishers provided, hung, tagged, and signed by a competent inspector.				
	—— В.	Each employee should understand procedure for using extinguishers.				
	C.	Post fire evacuation plan.				
VII.	General					
	A.	Additional lighting must be installed.				
	В.	Install a telephone.				
	C.	Individual cots or nap pads (waterproof) must be provided.				
	XD.	Facility in compliance with local fire, building and zoning ordinances.				
	E.	Provide diaper changing area.				
VIII.	Other					
IX.	In Addition, the Following Requirements Shall be Met:					
	1. The i	nformation in the section labeled Records and Reports of the Regulations Governing the Licensure Child Care Facility must be kept on file at all times.				
	2. A cer	tificate of inspection and approval by the fire department and the local health department must tained.				
	3. Notic	e of compliance with local zoning and building ordinances if applicable.				
		ection is valid for three (3) months only.				

Mississippi State Department of Health

Revised 6-90

Form No. 287

Mississippi State Department of Health CHILD CARE FACILITY SURVEY REPORT

A.	Ide	ntification
	Cou	Date 1/20194
	Nan	me of Facility Florida St. Day (Nrc Facility Telephone No. 335-1153
	Fac	cility Address 445 Florida St Greenville MS 3870/ (Street and No.) (City) (State) (Zip Code)
В.	Org	ganization
	1	Te facilitation which have and
	1.	Name of Owner Fanne Sulliva-
		Address 3870/ (Street and No.) (City) (State) (Zip Code)
	2.	If owner does not operate the facility,
	3000	Name of Operator or Director
		(Name of responsible person on premises)
		Address (Street and No.) (City) (State) (Zip Code)
	3.	Name of Sponsor
		Address
		(Street and No.) (City) (State) (Zip Code)
C.	Enr	rollment and Staff
	1.	Does operator understand staff - child ratio?
	2.	Are all staff members over 16 years of age? Yes No No No No No No No N
D.	Phy	ysical Plant
	1.	Type of building: Residence Church Commercial Other New Existing
	2.	
	3.	Type of construction: Frame Frame-Brick Veneer Masonry Other Total number of floors Number of floors used for child care
	3.	NOTE: No children may be housed above or below the floor of exit discharge.
	4.	Total number of rooms used for child care 35 Number of lavatories 4 Number of toilets
	5.	Number of square feet of usable space exclusive of kitchen, halls, toilets, storage area 2140
	6.	Are there at least 2 exists from each floor, remote from each other? \(\subseteq\) Yes \(\subseteq\) No
	7.	Are there any corridors which have dead ends in excess of 30 feet? Yes No
	8.	Are all fire exit doors a minimum of 32 inches?
	9.	Are children adequately protected from indoor hazards such as open stairways, unprotected heaters or stoves, unscreened windows, other? Yes \(\square\$ No
	10.	Is the facility adequately lighted?
		Does heating system meet the minimum licensing requirements? Yes No
	11.	How many fire extinguishers are in the building? Give location, type and size of each 114 19 19 19 19 19 19 19 19 19 19 19 19 19
		Kitcher Some I is new noon Same July 93/

CHILD CARE FACILITY SURVEY REPORT (Page 2)

	19	Is a tag attached to each extinguisher showing date of service? \(\subseteq \text{Yes} \text{No} \text{Date} \frac{93}{} \text{1}
	14.	Person Servicing Jd 6 Fu Extinguisher Sluce JJH June 93 lattle
		Is there a fire alarm system, sprinkler system or smoke alarms in the building?
	14.	Number of square feet of usable outdoor play area \(\frac{963}{2} \) Is there a barrier around outside play area? \(\text{Ves} \) No Type of barrier \(\text{Unit Line } \)
	15.	Are there hazards such as open well, swimming pool, broken glass, stacks of lumber, lawn equipment, other on the outside play area? Yes No
E.	San	<u>sitation</u>
	1.	Does the facility comply with all requirements of the State Department of Health's "Regulation Governing Food Service Sanitation"? Yes No If not, list deficiencies
	2.	What type of dishwashing is used? 3 comp suic
F.	Hea	alth_
	1.	Are immunization forms for all children and for staff born on or after January 1, 1957 available in the facility?
	2.	Are forms available to have name, address, and telephone number of parent or guardian and of physician that can be called in an emergency? Yes \square No Is another person listed if unable to contact parent or guardian? Yes \square No
	3.	Are Communicable Disease History Surveys available for each employee? Yes No Does the operator understand the use of Disease Survey? Yes No
	4.	Is separate space provided for sick or injured children?
	5.	Does operator have two weeks menus planned as prescribed in the Nutritional Guidelines? Some No If no, does operator understand to submit menus with application? Yes No
	6.	Does operator have a written plan of activities suitable to the needs of children? Yes No If no, does operator understand to submit one with application? Yes No
G.	Eva	aluation_
	1.	Does the facility comply with all the State Department of Health's "Regulation Governing Licensure of Child Care Facilities"?
	2.	Does operator have copies of the "Regulation Governing Licensure of Child Care Facilities" and "Minimum Standards for Nutritional Care in Child Care Facilities"?
	3.	What is the maximum number of children?
	4.	Do you give your approval for licensure as a Child Care Facility?
	5.	If you do not give your approval for licensure, what recommendations do you make?
Sig	ned:	Cyntha Rescue Title PHET

Mississippi State Department of Health CHILD CARE FACILITY SURVEY REPORT

	Cou	County Washington Date 1-8-90	
	Nai	Name of Facility Florida St Vaycare & Center Facility Telephone No. 335-	1153
	Fac	acility Address 445 5 Florida St 6010 Ms 38?	0 (
B.	Org	(Street and No.) (City) (State) (Zip Co	ode)
	1.	Name of Owner — Lanie L. Salliva and Open Townie L. Salliva Company	
		Address 2411 Turin St Creenville see Ms 38 (Street and No.) (City) (State) (State) (Zip Co	
	2.	. If owner does not operate the facility,	
		Name of Operator or Director Age	
		Address (Street and No.) (City) (State) (Zip Co	ode)
	3.		
		Address (Street and No.) (City) (State) (7in Co	
C.	Enr	(Street and No.) (City) (State) (Zip Co	ode)
U.			
O.			
0.	1. 2.	. Are all staff members over 16 years of age? Ves Do If no staff, does operator understand all staff person	ns must be at
	2.	. Are all staff members over 16 years of age? Yes \square No If no staff, does operator understand all staff person least 16 years of age? \square Yes \square No	ns must be at
	2.	. Are all staff members over 16 years of age? Yes Do If no staff, does operator understand all staff person	as must be at
D.	2.	. Are all staff members over 16 years of age? Yes \(\sum \) No If no staff, does operator understand all staff person least 16 years of age? \(\sum \) Yes \(\sum \) No hysical Plant	ns must be at Existing
D.	2. Phy	. Are all staff members over 16 years of age? ✓ Yes ☐ No If no staff, does operator understand all staff person least 16 years of age? ☐ Yes ☐ No hysical Plant Type of building: ☐ Residence ☐ Church ☐ Commercial ☐ Other ☐ New ☐ F	
D.	2. Phy 1.	. Are all staff members over 16 years of age?	
D.	2. Phy 1. 2.	Are all staff members over 16 years of age?	
D.	2. Phy 1. 2. 3.	Are all staff members over 16 years of age?	
D.	2. Phy 1. 2. 3. 4.	Are all staff members over 16 years of age?	Existing
D.	2. Phy 1. 2. 3. 4. 5.	Are all staff members over 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No New No New No New No New No New No No New No New No No No New No No No No No No No No No N	Existing
D.	2. Phy 1. 2. 3. 4. 5. 6.	Are all staff members over 16 years of age?	Existing
D.	2. Phy 1. 2. 3. 4. 5. 6. 7.	Are all staff members over 16 years of age?	Existing
D.	2. Phy 1. 2. 3. 4. 5. 6. 7. 8.	Are all staff members over 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No If no staff, does operator understand all staff person least 16 years of age? Yes No No New	Existing
D.	2. Phy 1. 2. 3. 4. 5. 6. 7. 8. 9.	Are all staff members over 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No If no staff, does operator understand all staff person least 16 years of age? Yes No No New	Existing

CHILD	CARE	FACILITY	SURVEY REPORT	(Page 2)

	15.	Are there hazards such as open well, swimming pool, broken glass, stacks of lumber, lawn equipment, other on the outside play
		area? Yes No
E.	San	<u>sitation</u>
	1.	Does the facility comply with all requirements of the State Department of Health's "Regulation Governing Food Service Sanitation"? Yes No If not, list deficiencies
	2.	What type of dishwashing is used? 3 comp sink
F.	Hea	alth_
	1.	Are immunization forms for all children and for staff born on or after January 1, 1957 available in the facility? \Box Yes \Box No
	2.	Are forms available to have name, address, and telephone number of parent or guardian and of physician that can be called in an emergency? Yes No Is another person listed if unable to contact parent or guardian? Yes No
	3.	Are Communicable Disease History Surveys available for each employee? Yes No Does the operator understand the use of Disease Survey? Yes No
	4.	Is separate space provided for sick or injured children? Yes \(\square\) No
	5.	Does operator have two weeks menus planned as prescribed in the Nutritional Guidelines? Yes No If no, does operator understand to submit menus with application? Yes No
	6.	Does operator have a written plan of activities suitable to the needs of children? Yes No If no, does operator understand to submit one with application? Yes No
G.	Eva	duation_
	1.	Does the facility comply with all the State Department of Health's "Regulation Governing Licensure of Child Care Facilities"? Yes No State Department of Health's "Regulation Governing Licensure of Child Care Facilities"?
	2.	Does operator have copies of the "Regulation Governing Licensure of Child Care Facilities" and "Minimum Standards for Nutritional Care in Child Care Facilities"? W Yes \Box No
	3.	What is the maximum number of children?
		Do you give your approval for licensure as a Child Care Facility? Yes \(\subseteq \text{No} \)
	4.	bo you give your approval for incensare as a online care racinty: Living 100

Mississippi State Department of Health CHILD CARE SURVEY DATA FORM

			* 1-8-90	
COUNTY Washington				
DAT		1-5-90		
		PERATOR NAME Fannie Sullivan		
		AME Florida St. Daycare & Lacharine Ctr.		
ADD	RESS	445 S Florida St		
	- 	Coreenville JAN JAN		
		CHILD CARE DE		
	FAMILY	Y DAY CARE HOME DAY CARE	CENTER 1	
		DAT OTHER	OLIVIER V	
1.	A. Amo	ount of workle dadage and the second of the		
	B. Amo	ount of usable indoor square feet measured: 564 ount of usable outdoor square feet measured: 4900		
	C. Num	mer of toilets noted:		
Max	imum num	mber of allowable children: _/S_		
The	followi	ing indicated items shall be completed for licensure.		
II.		ng and Grounds r Play Area		
	A. OK B. OK C.	Install two (2) remote outward opening doors (minimum 32" we near the front and one at the rear. Dath of Add Clean: (a) walls (b) floors (c) ceiling. Repair walls. Paint walls.	a Doop (EXIT)	
	OK F.	Replace floor. Install plug covers in all wall outlets.		
(OK H.	Install an approved play area with a barrier of a minimum he four (4) feet containing at least seventy (70) square feet of Clean play area of hazardous or potentially hazardous objects. Install barriers at kitchen entrance.	per child.	
	NAJ.	Install barriers at stairways. Install handrails at steps.		
	OK L.	Install barriers at low windows or full length glass doors.		
II.	Kitchen	a a constant of the constant o		
	./.	* (ak)		
	A.	In the kitchen, install: *(o)(a) A three (3) compartment sink.		
	275	(b) A dishwasher with a sanitizing cycle.		
	√g.	Install a two (2) compartment sink. Install a separate handwashing lavatory.		
	D.	install a mood over the stove vented to the outside air.	2K)	
	OKE.	Provide overhead light with a shield. Remove laundry equipment from the kitchen.		
	\sqrt{G} .	Install adequate refrigeration with themometer provided.	()	

IV.	Heating	
	OK	
	A.	Install proper heating (see page 5 of the "Regulations Governing Licensure of Child Care Facilities").
		Gas heaters, if used, must meet following requirements: The flame shall be recessed and enclosed with a guard so designed that clothing or other inflammable material can not be ignited. Each heater shall be equipped with automatic shut-off valve. Each heater shall be vented to the outside.
	V/	Each heater shall be approved by Underwriters Laboratory or American Gas Association.
	0 7 B, C. D.	Remove unapproved gas heaters throughout the building (space heaters). Protect floor furnaces with a barrier. *(- K - Kort. (- Kort.
V.	Furnitu	re and Equipment
	01CA.	Equipment shall be sturdy and safe and shall not have sharp edges
	OCC.	Paint on toys shall be lead-free and nonpoisonous. Chairs and tables shall be of a size appropriate to the size of the
	oKD.	Individual hooks or compartments provided for each child.
VI.	Fire Sai	<u>fety</u>
	B. C.	An adequate number of ABC type fire extinguishers provided, hung, tagged, and signed by a competent inspector. *(OK) Each employee should understand procedure for using extinguishers. *(OK) Post fire evacuation plan.
VII.	<u>General</u>	
	<u>o</u> ∨ C. x D.	Additional lighting must be installed. Install a telephone. Individual cots or nap pads (waterproof) must be provided. Facility in compliance with local fire, building and zoning ordinances. Provide diaper changing area.
III.	Other	25209 154 156 = 564 166 68 14×18 BR1 12×13 BR2 12×13 - 11510
5	utside	70'x 70' = 4900 sg = 75 = 65 children
IX.	In addit	ion, the following requirements shall be met.
	on f	information on pages eight (8) and nine (9), section ten (10) of the lations Governing the Licensure of a Child Care Facility must be kept ile at all times.
	2. Each	employee is required to have an up-to-date health card which they

- may obtain at the local health department.
- A certificate of inspection and approval by the fire department and the local health department must be obtained.

Received By

Sanitarian