

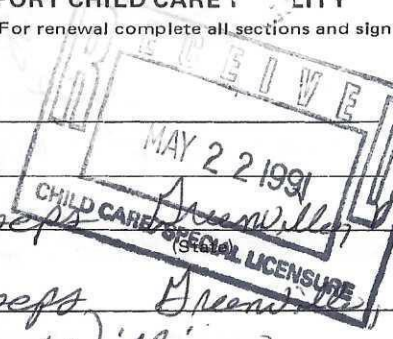
APPLICATION AND RENEWAL REPORT CHILD CARE LICENSURE

(Applicants complete through item 15 and sign on back. For renewal complete all sections and sign on back.)

#2758
\$25.00

A. Identification Information

- County Washington
- Name of Facility Kongaroo Daycare
Facility Address 1033 South Delosseps Greenville, MS
(Street and No.) (City) (State) (Zip Code) 38701
Mailing Address 1033 South Delosseps Greenville, MS
(Street and No.) (City) (State) (Zip Code) 38701
- Name of Owner (Of Child Care Operation) Bobbie Williams
Address 1033 South Delosseps Greenville, MS
(Street and No.) (City) (State) (Zip Code) 38701
Telephone No. (601) 332-5106
- Name of Sponsor (If Applicable) Bobbie Williams
Address Same
(Street and No.) (City) (State) (Zip Code) Same
Telephone No. Same
- Name of Operator (If Different From Owner) Same no different



B. Physical Plant

- Type of building (residence, church, commercial, other) Residence
- Type of construction (frame, frame and brick veneer, masonry, other) Brick
- Part of building used: All first floor Part one
Number of floors 5 Number of rooms 5
- If entire building is not used explain usage _____

(NOTE: Life Safety Code prohibits child care rooms to be located above or below floor of exit discharge.)

- Is facility located in an area served by a fire department? yes

C. Operation

- What age children do you plan on serving? infants to five years old
- What days will you be open? mon - friday
- What will be your hours? 6:30 am. to 5 pm.
- What months will you be open? The year Round
- Dates and days closed for vacation holidays? operate with public school holidays

FOR RELICENSURE ONLY

- License No. _____ Type of License _____ No. of children licensed for _____
- List changes and/or improvements in facility made since licensed. (Enter on extra sheet, Identify as Item No. 17).
- List changes and/or improvements in facility planned in the coming year. (Enter on extra sheet under Item No. 18).
- How many children do you currently have enrolled? _____
- What are their ages? _____ under 1 yr. _____ under 2 yrs. _____ under 3 yrs. _____ under 4 yrs. _____ under 5 yrs. _____ under 6 yrs.
- How many persons are employed and their duties? _____

CHILD CARE INSPECTION AND RELICENSING REPORT

County Washington Date 5-9-91
 Facility Kangaroo Daycare License Number 76FB0057
 Address 1033 S. Delessepa St. Maximum Served 15
 Director Bobby Williams ☐ Inspection ☒ Relicensure

LICENSE	WT	HEALTH	WT
00. Clearly visible from front entrance • Current <input type="checkbox"/> Yes <input type="checkbox"/> No • Status <u> </u> P <u> </u> R	2	10. Evacuation plan posted in each room	3
		11. Outdoor Area • 70 square feet • 4 feet barrier • Drained • Free of hazardous or potentially hazardous conditions (-5 for any violation)	5
STAFF Number children present <u>2</u> Staff present <u>2</u>		12. Swimming pool fenced at 6 feet	5
01. Ratio and age 18 met	5	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RELICENSURE MAY 16 1991 CHILD CARE/SPECIAL LICENSES </div>	
BUILDING AND GROUNDS		EQUIPMENT AND BEDDING	
02. Complies with local fire regulations • 2 remote exits 35" and open out • Doors release easily • Heaters -- vented out auto-shut off protected UL or AGA approved • Fire extinguishers adequate, current, dated and hung • No smoking in children's area (-5 for any violation)	5	13. Diaper changing area • Handwashing basin (hot and cold water) • Smooth, easily cleaned surface • Covered trash container • Soap and sanitary towels • Disinfectant for clean-up • In or very close to infant room • Not in food service area (-5 for any violation)	5
03. Temperature and lighting • Comfortable level • Well heated • Lighted well • Well ventilated (-5 for any violation)	5	14. Equipment and toys • Age appropriate • Adequate number per children present • Easily accessible • Lead free • Safe -- splinters nails screws welds protrusions (-4 for any violation)	4
04. Indoor area allows 35 square feet per child	4	15. Hooks/compartments available for each child. • Child's belongings do not touch another child's belongings	4
05. Building free of hazardous or potentially hazardous conditions	5	16. Individual mats provided • Water proof • Clean • In good condition • 3" thick for overnight use (-4 for any violation)	4
06. Walls, ceilings, floors in good repair and clean	5	<div style="border: 1px solid black; padding: 5px;"> HEALTH 17. Required Records on Children and Staff • Communicable disease history • Immunization records • Medication records • General administration records (children and staff) (-4 for any violation) 18. Compliance with all Nutritional Regulations • Menus approved, posted and served. 19. Developmentally appropriate plan of activities provided and followed • Balance between active play and quiet play • 2 hours outdoor play scheduled full day 30 minutes half day • Nap not more than 3 hours • Both large and small muscle activities (-4 for any violation) SANITATION 20. Compliance with all Sanitation and Food Service Regulations 21. Toilets and Laboratories adequate for number of children 22. Drinking water approved and properly dispensed 23. Children barred from kitchen TOTAL SCORE <u>95</u> FOR RELICENSURE ONLY Has there been any change in the amount of space, toilets or laboratories? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Based on the inspection this day, the items circled identify the violations in operations of facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your license. </div>	
07. Telephone on premise and available	5		
08. Electrical outlets protected	2		
09. Laundry equipment located properly	3		
Sanitarian Approval: <input checked="" type="checkbox"/> Yes Regular <input type="checkbox"/> Yes Provisional <input type="checkbox"/> No <input type="checkbox"/> Delete (closed) Sanitarian Signature: <u>John Haynes</u> PIN No. <u>2504</u>			

I understand the requirements of the Child Care and Nutrition Regulations concerning items number 17, 18, 19 and state that this center is in compliance:

Bobbie Williams
Director

Comments: Bobbie Williams

APPLICATION AND RENEWAL REPORT CHILD CARE FACILITY

(Applicants complete through item 15 and sign on back. For renewal complete all sections and sign on back.)

#104
\$25.00

A. Identification Information

- County Washington Date 3/11/92
- Name of Facility Kangaroo Daycare Telephone No. 332-5106
Facility Address 1033 South Delesseps Greenville MS. 38701
(Street and No.) (City) (State) (Zip Code)
- Mailing Address 1033 South Delesseps Greenville, MS.
- Name of Owner (Of Child Care Operation) Bobbie Williams Telephone No. 332-5106
Address 1033 South Delesseps Greenville, MS. 38701
(Street and No.) (City) (State) (Zip Code)
- Name of Sponsor (If Applicable) Bobbie Williams Telephone No. 332-5106
Address Same
(Street and No.) (City) (State) (Zip Code)
- Name of Operator (If Different From Owner) Same

B. Physical Plant

- Type of building (residence, church, commercial, other) Residence
- Type of construction (frame, frame and brick veneer, masonry, other) Brick Veneer
- Part of building used: All down stairs area Part first floor
Number of floors 5 Number of rooms 5
- If entire building is not used explain usage up stairs is the living area

(NOTE: Life Safety Code prohibits child care rooms to be located above or below floor of exit discharge.)

- Is facility located in an area served by a fire department? Yes

C. Operation

- What age children do you plan on serving? 0 - five years old
- What days will you be open? Monday - Friday
- What will be your hours? 6:30 until 5:00 PM
- What months will you be open? The whole twelve months
- Dates and days closed for vacation holidays? We close for all holidays

FOR RELICENSURE ONLY

- License No. 762 60057 Type of License Child Care Nursery No. of children licensed for 15
- List changes and/or improvements in facility made since licensed. (Enter on extra sheet, Identify as Item No. 17).
- List changes and/or improvements in facility planned in the coming year. (Enter on extra sheet under Item No. 18).
- How many children do you currently have enrolled? 13
- What are their ages? 1 under 1 yr. 4 under 2 yrs. 7 under 3 yrs. 1 under 4 yrs. 1 under 5 yrs.
_____ under 6 yrs.
- How many persons are employed and their duties? 2 We share all the duties and need of the children

(Continue on reverse side)

Name of Facility

Address

Date of Inspection

A. General Requirements

1. Is occupancy restricted to ground floor only? Yes ☒ No ☐
2. Does this facility have an annual inspection by a local fire prevention officer? Yes ☒ No ☐
3. Are fire drills held monthly with specific plan for evacuation of children? Yes ☒ No ☐
4. Is provision made for disposal of trash in a safe manner and not allowed to accumulate? Yes ☒ No ☐
5. Is there sufficient water pressure for the purpose of fighting fire? Yes ☒ No ☐
6. Is there any evidence of defects in electrical wiring or appliances? Yes ☐ No ☒
7. Is the housekeeping (including storage of rubbish, newspapers, matches, etc.) good ☒ fair ☐ or poor ☐?
8. Is the space under stairways completely open? Yes ☐ No ☒
9. Is the space under stairways completely unused? Yes ☐ No ☒

B. Requirements Regarding Exits

1. Are all exit doors at least 32 inches wide? Yes ☒ No ☐
2. Do all exterior doors open in the direction of exit travel? Yes ☒ No ☐
3. Do all exit doors open on landings not less than the width of the door? Yes ☒ No ☐
4. Are handrails of appropriate height provided on steps needing them? Yes ☒ No ☐
5. Are there at least two exits provided from each floor level? Yes ☒ No ☐
6. Are exits as remote as possible from each other? Yes ☒ No ☐
7. Are there any dead ends that exceed twenty (20) feet? Yes ☐ No ☒
8. Are all exit doors provided with a knob, handle, panic bar, or other simple type of releasing device? Yes ☒ No ☐
9. Does force required to fully open exit doors, when applied to latch style, exceed fifty (50) pounds? Yes ☒ No ☐

C. Requirements Regarding Fire Protection

1. Are standard type fire extinguishers provided, installed, and conveniently located for use at all times? Yes ☒ No ☐
2. Is the proper type of fire extinguishers, not ones containing highly toxic fumes, used? Yes ☒ No ☐
3. Does the personnel of the facility have knowledge of the use of the fire extinguishers? Yes ☒ No ☐
4. Are smoke detectors installed in lounges, recreational areas, sleeping rooms and corridors greater than 30 feet apart? Yes ☒ No ☐
5. Are smoke detectors operational? Yes ☐ No ☐

D. Requirements Regarding Heating

1. Does the heating system comply with regulations approved by the local fire department? Yes ☒ No ☐
2. Is protection provided to the heating system to prevent accidental burning of children? Yes ☒ No ☐
3. If the heating system is housed a story below where children are housed, is provision made to prevent the spread of fire to upper story, i.e., one hour rated ceiling and enclosure of stairways and other vertical opening? Yes ☒ No ☐
4. Are rooms housing boiler or central heating systems enclosed by a one-hour rated fire wall? Yes ☐ No ☒
5. Is storage of combustible materials completely separate from heating system or any source of heat? Yes ☒ No ☐
6. Portable heaters are prohibited. Are there any in use? Yes ☐ No ☒
7. If gas heaters are used, they shall comply with the following:
 - a. The flame must be recessed and enclosed with guard so designed that clothing or other inflammable material cannot be ignited. Yes ☒ No ☐
 - b. Each heater must be equipped with safety device that will shut off gas supply if pilot is extinguished. Yes ☒ No ☐
 - c. Each heater shall be vented to outside. Yes ☒ No ☐
 - d. Each heater shall be approved by American Gas Association. Yes ☒ No ☐

E. Evaluation

1. Does this plant comply with State Department of Health regulations and the local ordinances? Yes ☒ No ☐
2. Do you as the inspector give your approval to this plant? Yes ☒ No ☐

Signed

Title

3. If answer is "no" to questions above, what recommendations do you make:

COPY

Alton B. Cobb, M.D., M.P.H.
State Health Officer

MISSISSIPPI
STATE DEPARTMENT OF
HEALTH

Reply To:

P.O. Box 1700/2423 North State Street/Jackson, Mississippi 39215-1700/(601)960-7400

December 3, 1991



Kangaroo Day Care
1033 South Delessepo
Greenville, MS 38701

Dear Ms. Williams:

We have reviewed the Immunization Assessment Report for your child care facility and determined it to be adequate at this time. We have notified Child Care Licensure that your facility is in compliance with immunization requirements.

Your cooperation in meeting this requirement is appreciated. However, it is still your responsibility to maintain adequate immunization records on all children enrolled in your center at all times. This means that the children who are in the process of completing immunizations must do so and have the immunizations recorded on the "Immunization Status" form. Any child who is enrolled after the Assessment Report is submitted must also be properly immunized and have an "Immunization Status" form on file.

I have instructed the Immunization Health Program Representatives to randomly audit child care facilities to see that proper immunization levels and records are maintained as described.

If you have any questions or if we can be of assistance to you, please contact the Immunization Program, Mississippi Department of Health or the Health Program Representative for your area.

Thank you for your continued cooperation in protecting our children against vaccine preventable diseases.

Sincerely,

Brad Prescott, Director
Immunization Program

BP:202-5.pf

cc: Child Care Licensure