

#7064

JUN 03 2016



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility License Application

Please type or print in ink and answer all questions. An incomplete application will be returned unprocessed.

Date 5/5/16 County Madison License Number _____
 Name of Facility Life Kids Weekday Ministry Telephone Number (601) 790-0808
 E-mail Address info@lifekidsweekdayministry.com Fax Number _____
 Physical Address 670 Highland Colony Parkway Ridgeland MS 39157
Street Address City State Zip Code
 Mailing Address 117 Runners Way Canton MS 39046
Street Address City State Zip Code
 Name of Owner Christ Life Church Telephone Number (601) 853-5433 Cell Phone Number (601) 853-5433
City State Zip Code
 Home Address 670 Highland Colony Parkway Ridgeland, MS 39157
Street Address City State Zip Code
 Social Security Number 425-51-2842 Tax Identification Number 81-2811390

Director's Information

Mary Buchanan 7/09/70 425-51-2842
Primary Director's Name Date of Birth Social Security Number
117 Runners Way Canton MS 39046 (601) 918-0333
Home Address City State Zip Code Home Telephone Number

Director Designees

Jennifer Nelson 12/3/70 427-53-0330
Name Date of Birth Social Security Number
365 Johnstone Drive Madison MS 39110 (601) 573-3414
Home Address City State Zip Code Home Telephone Number

Emergency relocation sites 1 mile from facility and 5 miles from facility

330 Brame Rd Ridgeland MS 39157 (601) 853-8103
Address City State Zip Code Telephone
2050 Main Street Madison MS 39110 (601) 856-6058
Address City State Zip Code Telephone

List all physical changes in the facility in the last 12 months (for license renewal only).

n/a

Do You Receive Funds From:

USDA Child Care Food Program ☐ Yes ☒ No
 Federally or state funded programs ☐ Yes ☒ No
 If yes, attach a list of funding source(s) and telephone number.

Continued on the reverse side

MAY 11 2016

For Renewal Only

Number of children enrolled: _____ Under 1 year _____ 1 year _____ 2 years _____ 3 years _____ 4 years
_____ 5 years _____ School Age _____ Total enrollment

What days of the week are you open? _____

What are the months of operation? _____ What are the hours of operation? _____

List all holidays and vacation days the facility will be closed. _____

Number of employees: _____ Caregivers _____ Service Staff _____ Total employees

Have the required criminal records checks and child abuse central registry checks been submitted or completed on everyone working in the facility? ☐ Yes ☐ No
If yes, proof of submission is required.

Have the required criminal records checks and child abuse central registry checks been submitted or completed on all persons volunteering 120 hours or more within three days of employment? ☐ Yes ☐ No
If yes, proof of submission is required.

Do you have a staff person currently certified in First Aid and CPR present at the facility at all times? ☐ Yes ☐ No

Do you have a current immunization record on all children and employees? ☐ Yes ☐ No

Do you prepare meals in your facility? ☐ Yes ☐ No

If no, attach a copy of the catering contract and the catering facility's Food Service Permit.

Subscribed and sworn to before me this 9th day

of Max, 2016.

My commission expires 8/20/2016

Notary Public

Notary Seal

I, the undersigned, do solemnly swear or affirm that I am the authorized individual to make application for license. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand Regulations Governing Licensure of Child Care Facilities and affirm that all conditions for licensure have been met and will be maintained. I further agree not to transfer ownership, sell the child care facility, modify the structure, or change the location of the facility/services without first notifying the Child Care Facilities Licensure Branch of the Mississippi State Department of Health.

Applicant's Signature

Buchanan

Note: Make checks or money orders payable to
Mississippi State Department of Health
All fees are NON-REFUNDABLE.

Application Fee \$100.00

Initial Licensure Fee and/or Renewal Fee

Maximum capacity 12 or fewer \$75.00
Maximum capacity 13 to 30 \$150.00
Maximum capacity 31 to 50 \$200.00
Maximum capacity 51 to 100 \$300.00
Maximum capacity 101 to 150 \$350.00
Maximum capacity 151 or more \$400.00

For Office Use Only

<input checked="" type="checkbox"/> Date Initial application Fee Received	<u>06/01/16</u>
Check/Money Order Number	<u>CK 20314</u>
Amount	<u>\$ 100.00</u>
<input type="checkbox"/> Date Initial Lic/Renewal Fee Received	____/____/____
Check/Money Order Number	____
Amount	\$ _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name	<u>Life Kids Weekday Ministry</u>		Date	<u>Oct 16/16</u>
Physical Address	<u>6070 Highland Colony Parkway Ridgeland MS 39157</u>			
Operator	<u>Christ Life Church</u>	Daytime Telephone Number	<u>601-790-0808</u>	
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	Year Building was constructed _____		
Total # of Floors	<u>2</u>	# of Floors Used for Child Care	<u>2</u>	# of Rooms <u>10</u> # of Rooms Used for Child Care <u>10</u>
Construction: Masonry	<input type="checkbox"/>	Brick	<input checked="" type="checkbox"/>	Frame <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>

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 checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace <u>restrooms & behind doors in upper level #204-206</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Floors - <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace <u>m # 107</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling - <input type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> 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. |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note - All lights must be shielded. <u>add additional lighting in #204, 205</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 <u>1</u> . <u>(2) additional installed</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved - <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. <u>must not exceed 120°F</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink. <u>2 compartment sink required - Facility will use church kitchen which has a 3 compartment sink</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink. (PENDING) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Mop sink. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Handwashing sink. Note - All sinks must have hot and cold water. must not exceed 120°F |

C. Grounds

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Other _____ |

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

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

B. Equipment

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input checked="" type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input checked="" type="checkbox"/> pads required |

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

III. Other

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

IV. Recommendations water not exceed 120°F, 2 compartment sink required, ceiling tile replaced or clean, walls must be sealed in repaired, men's lower restroom, holes sealed behind doors in upper level room 204, 205, remove little tikes equipment, additional lighting in #204, 205, additional diaper changing

station in toddler rooms along with wipeable changing pads, vents cleaned through facility, remove TV, room 107, ceiling tile clean or replace through - out facility or restroom, remove stage in

Operator/Center/Date

6-16-16

Licensing Officer

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

Revised 8-05-09

Form No. 286