

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Name of Facility First Baptist Church Gantier Children	ild Care Façil	ities	(1
Name of Facility First DAptist Church Gautier Childenne	Telephone Number 49	1-981	1
Address 325 De LA Pointe DR	Emergency Contact Telephone Number	1-40-	72
Operating Hours 6:00 Am to 6:00 PM.	Date of Inspection 5/1	0/21	
Name of Owner First Baptist Church Gautler	Distance to Water Source/Fire Hydrant		
A. General	*		
1. Is facility address visible from street?	Ves	No 🗆	NA 🗆
2. Is occupancy restricted to ground floor only?	Vec 57	No □	NA 🗆
3. Are monthly fire drills held with specific plan for evacuation of children?	Yes D	No 🗆	NA 🗆
4. Is the building free of dead-end corridors or hallways which exceed 20 feet?	Yes 🔟	No □	NA 🗆
5. Are fire extinguishers properly installed, tagged and located?	Yes D	No 🗆	NA 🗆
6. Are smoke detectors installed and operational in all areas used by children?	Yes T	No 🗆	NA 🗆
7. If facility is not all electric, are carbon monoxide detectors installed and operational	100 0	140 🗆	1471
in all areas used by children?	Yes	No 🗆	NA 🗆
			1111
B. Building			
1. Are there two exterior outward-opening doors designated as primary emergency exits?			
(Exit route shall not pass through the kitchen)	Yes 🖸	No 🗆	NA 🗆
2. Can each exit door be opened by a child in case of emergency?	Yes	No 🗆	NA 🗆
3. Are all exit doors equipped with a knob, handle, panic bar or other single-action releasing of	evice? Yes	No 🗆	NA 🗆
4. Are all doors unlocked during hours of operation (all primary exit doors must remain unloc	ked		
during all hours of operation)	Yes 🗸	No 🗆	NA 🗆
5. Are all gas heaters properly vented to outside?		No □	NA 🗆
6. Are all gas heaters approved by American Gas Association and have attached the Underwri	ters		
Laboratory Seals?	Yes 🗹	No 🗆	NA 🗆
7. Is stove equipped with a hood vented to the outside?	Yes 🗇	No 🗆	NA 🗆
8. All heat sources in children's area must be equipped with acceptable barriers or guards to p children being accidentally burned. What type of barrier is installed?	revent		
C. Evaluation/Comments/Correction Schedule			
1. This facility complies with local fire safety codes and standards.	Yes 🖾 No 🗆		
2. The following corrections must be completed by (month) (day) (y	ear)		
Corrections:			
		-	The Control of the Co
			-
			-
3. Follow-up inspection required for corrections listed above?	Yes 🗆	No □	NA 🗆
Date for follow-up inspection			
4. Inspection: Pass ☑ Fail □			
1 20 9			
grad 10mm th A. Craham	1		
Center Director/Designee Fire Department Inspector & Title		Manager 1	
Convier Fice Dept. 497-8014			
Fire Department Phone #			

White Copy - Facility File

Yellow Copy - Individual

Pink Copy - Inspector