

~~PROV 2-19-75~~ ~~4-30-75~~ 42 *lyn*
~~THUR~~ REG 5-2-75 7-31-75

APPLICATION FOR LICENSE TO OPERATE A CHILD CARE FACILITY

#1185
FEB 13 1975

I. IDENTIFICATION INFORMATION

County: Madison Date: _____

Name of Facility: Madison Baptist Church Day-Care Center

Address: Main St. Madison 39110 Tel. No. 856-8542
Street and No. City Zip

Name of Owner: Church

Address: Main St. Madison 39110 Tel. No. 856-8542
Street and No. City Zip

Name of Operator: Mrs Lake Colson Age: 58

Address: Rt 1-Box 251-c Madison 39110 Tel. No. 856-4821
Street and No. City Zip

Name of Sponsor: Madison Baptist Church

Address: Main St. Madison 39110 Tel. No. 856-8542
Street and No. City Zip

II. PHYSICAL PLANT

Type of building: Residence B Church ✓ Commercial _____

Other (Specify) _____

Type of construction: (Describe: such as frame, frame-brick veneer, masonry, etc.)
Brick & Concrete Blocks

No. of floors: 1 No. of rooms: 6

Will entire building be used as a child care facility? no - just one wing -

If not, explain what use will be made of other parts of the building.

Sunday School rooms

No. of square feet of usable indoor space: (do not include kitchen, halls, toilets, etc.)
1497

No. of square feet of outdoor play space: 5625

Is outdoor play space enclosed? yes

What is the type of heating? central & electric space heaters attached to

How many fire extinguishers are in the building? 1 in Day Care Area one in Kitchen

What type and size are the fire extinguishers? 5# 10# in K-

How far is the building from a fire station? Two blocks - 500 ft.

If more than one floor, are there at least two fire escapes remote from each other from every floor?

III. OPERATION

How many children are currently being cared for in the facility? _____

Their ages: Number under 2 yrs. 4 2 to 4 yrs. 1 4 to 6 yrs. 10 6 or over 0

Are they required to have immunizations recommended by the Health Department?

yes

Do you have a record of each child's immunizations on file in the facility?

yes

What days does the facility operate? Monday, Tuesday, Wednesday, Thursday & Friday

What hours does the facility operate? 7-6

What months does the facility operate? 12 months

How many persons are employed: 4

Do you have a current health card on file in the facility for each employee? yes

Signed: Mrs Lake Colson

Title: Director, Madison Daycare Center

Date: 2/12/75

Complete all entries in the above application and mail to:

Mississippi State Board of Health
Child Care Facilities
P. O. Box 1700
Jackson, Mississippi 39205

Submit with the application a fee of ten dollars (\$10.00); a record of inspection by the county health department in which the facility is located; and a record of inspection by the local fire department. (If the fee is paid by check, make check payable to Mississippi State Board of Health.)

MISSISSIPPI STATE BOARD OF HEALTH
CHILD CARE FACILITY SURVEY REPORT

FEB 04 1975

A. IDENTIFICATION

County MADISON Date 2/4/75
Name of Facility MADISON BAPTIST KINDERGARTEN & DAY CARE Tel. No. 856-6177
Address Box 266 MADISON MISS 39110
(Street and No.) (City) (State) (Zip)

B. ORGANIZATION

1. If facility is privately owned,

Name of owner MADISON BAPTIST Church
Address Box 266 MADISON MISS 39110
(Street and No.) (City) (State) (Zip)

2. If owner does not operate the facility,

Name of operator MRS. LAKE COLSON Age 59
Address Rt. 1 Box 251C MADISON MS. 39110
(Street and No.) (City) (State) (Zip)

3. Name of sponsor _____
Address _____
(Street and No.) (City) (State) (Zip)

C. ENROLLMENT AND STAFF

1. Total number of children 16 a.) No. under 2 years of age 4 b.) No. 2 to 4 years 2
c.) No. 4 to 6 years 10 d.) No. 6 years or older _____
2. Total number of employees 4

D. PHYSICAL PLANT

1. Type of building (residence, church, commercial, other) _____
2. Type of construction (frame, frame-brick veneer, masonry, other) BRICK
3. Total number of floors 1 Number of floors used for child care 1
4. Total number of rooms used for child care 6 Number of lavatories 3 Number of toilets 3
5. Number of square feet of usable indoor space exclusive of kitchen, halls, toilets, closets, storage area 1497
6. Are there at least 2 exits from each floor, remote from each other? yes
7. If more than one floor, a.) Are there at least 2 fire escapes? N/A Remote from each other? _____
b.) Are fire escapes of non-combustible construction? _____ Is there a minimum of 44 inches width? _____
Adequate safety rails on each side? _____ Is there a landing at least every 12 feet? _____
8. Are all fire exit doors a minimum of 32 inches wide? YES Do they open outward? YES Equipped with panic bars? NO
9. Are children adequately protected from indoor hazards such as open stairways, unprotected heaters or stoves, unscreened windows, other yes

10. Is the facility adequately lighted? yes Adequately heated? yes What type of heating is used? Central
11. How many fire extinguishers are in the building? 3 Give location, type and size of each Licensed Area - 1 - Activities Bldg - 1
Kitchen - 1
12. Is a tag attached to each extinguisher showing date of service? yes Date 10/74 Person servicing JACK EAST
13. Is there an adequate fire alarm system in building? NO
14. What is the distance to the nearest fire hydrant? 300 ft. Fire station? 500 ft.
15. Number of square feet of outdoor play area 5625 Is there a barrier around outside play area? NO YES
16. Are there hazards such as open well, swimming pool, broken glass, stacks of lumber, lawn equipment, other on the outside play area? NO

E. SANITATION

1. Does the facility comply with all requirements of the State Board of Health's "Regulation Governing Food and Food-Handling Establishments"? Will not handle food
- If not, list deficiencies _____

2. What type of dishwashing is used? N/A

F. HEALTH

1. Have all children had immunizations recommended for their age group by the State Board of Health? yes
- Is record of immunizations on file in the facility? yes
2. Is health inspection of children made daily? yes Is a separate space provided for rest if child becomes sick or injured? yes
3. Does the facility have on file name, address and telephone number of parent or guardian and of physician that can be called in emergency? yes
4. Is a food handler certificate on file for each employee? yes

G. EVALUATION

1. Do you give your approval for licensure as a Child Care Facility? yes
2. If answer to number 1 is "yes", do you recommend the issuance of a regular license or a provisional license? Regular
- (If a regular license is recommended, the facility should be in substantial compliance with all requirements. If a provisional license is recommended, it will indicate that the facility has deficiencies and/or violations that can be corrected in a reasonable period of time.)
3. If you do not give your approval for licensure, what recommendations do you make? _____

FEB 18 1975

SAFETY INSPECTION

FOR

A CHILD CARE FACILITY, NURSERY SCHOOL OR KINDERGARTEN

Name of facility Madison Baptist Day Care Center
Address Main St. Date of inspection 2/11/75

A. General Requirements

1. Does this facility have an annual inspection by a local fire prevention officer?
Yes No will have
2. Are fire drills held monthly with specific plan for evacuation of children?
Yes ✓ No
3. Is provision made for disposal of trash in a safe manner and not allowed to accumulate? Yes ✓ No
4. Is there sufficient water pressure for the purpose of fighting fire?
Yes ✓ No

B. Requirements Regarding Exits

1. Is the space under stairways completely open? Yes No most airway in this area
2. Is the space under stairways completely unused? Yes No
3. Are all exit doors at least 32 inches wide? Yes ✓ No
4. Do all exterior doors open in the direction of exit travel? Yes ✓ No
5. Do all exit doors open on landings not less than the width of the door?
Yes ✓ No
6. Is the housekeeping (including storage of rubbish, newspapers, matches, etc.)
good ✓, fair or poor ?
7. Are handrails of appropriate height provided on stairways? Yes No
8. Are there at least two exits provided from each floor level? Yes ✓ No
9. Are exits as remote as possible from each other? Yes ✓ No
10. Are there any dead ends that exceed thirty (30) feet? Yes No ✓

11. Are all exit doors provided with a knob, handle, panic bar, or other simple type of releasing device? Yes ☒ No ☐
12. Does force required to fully open exit doors, when applied to latch style, exceed fifty (50) pounds? Yes ☐ No ☒
13. If more than one floor, a) Are there at least two fire escapes? Yes ☐ No ☐
Are they remote from each other? Yes ☐ No ☐ b) Are fire escapes of non-combustible construction? Yes ☐ No ☐ Are they a minimum of forty-four (44) inches in width? Yes ☐ No ☐ Are adequate safety rails on each side? Yes ☐ No ☐ Is there a landing at least every twelve (12) feet? Yes ☐ No ☐

C. Requirements Regarding Fire Extinguishers

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 ☐

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 Underwriters Laboratories or American Gas Association. Yes No

8. Is there any evidence of defects in electrical wiring or electrical appliances?
Yes _____ No ✓

F. Evaluation

1. Does this plant comply with State Board of Health regulations and the local fire 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?

[illegible]