

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.)

#146
\$100.00

A. Identification Information

- County MADISON Date 9-1-87
- Name of Facility ASSIST Early Learning Center Telephone No. 856-9494
Facility Address 4000 Tidewater Lane Madison MS 39110
(Street and No.) (City) (State) (Zip Code)
Mailing Address P. O. Box 366
- Name of Owner (Of Child Care Operation) St. Francis of Assisi Church Telephone No. 856-5556
Address P. O. Box 366 Madison MS 39110
(Street and No.) (City) (State) (Zip Code)
- Name of Sponsor (If Applicable) Telephone No. _____
Address _____
(Street and No.) (City) (State) (Zip Code)
- Name of Operator (If Different From Owner) _____

B. Physical Plant

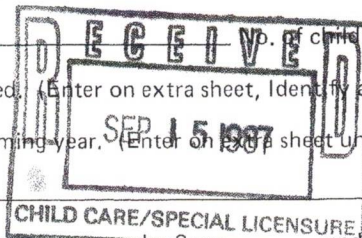
- Type of building (residence, church, commercial, other) Church
- Type of construction (frame, frame and brick veneer, masonry, other) Frame and Brick Veneer
- Part of building used: All X Part _____
Number of floors 1 Number of rooms 7 plus kitchen, office
Lounge & Health Room
- If entire building is not used explain usage N/A

(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? Birth through Pre-Kindergarten regularly, & Five through twelve
years in after-school program.
- What days will you be open? MONDAY - FRIDAY
- What will be your hours? 7:00 a.m. to 6:00 p.m.
- What months will you be open? 12 months a year
- Dates and days closed for vacation holidays? (New Year's Day) (Memorial Day) (July 4th) (Labor Day)
(Thanksgiving Day) (Christmas Eve) (Christmas Day)
FOR RELICENSURE ONLY
- License No. _____ Type of License _____
- 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? _____



C Care Inspection and Relicensure Report

County MADISON

Date 9/1/87

Facility ASSIST Early Learning Center

License Number 45C3002P

Address 4000 Tidewater Lane

Maximum Served 123

MADISON, MS

Number Present

Director Sister Paula Blouin

Number Staff Present

 Inspection

☐ Relicensure

STAFF		WT.	EQUIPMENT and BEDDING		WT.			WT.
01. Ratio and age 18 met	5		20. Diaper changing area	5	28. Toilets and lavatories adequate for number of children	2		2
BUILDING and GROUNDS			• Handwashing basin (hot and cold water)		29. Drinking water approved and properly dispensed	2		2
02. Complies with local fire regulation	4		• Smooth, easily cleaned surface		30. Food prepared and served properly	2		2
03. Two remote exits 32' and open out	4		• Covered trash container		31. Children barred from kitchen	2		2
04. Doors release easily	4		• Soap and sanitary towels		TOTAL SCORE			
05. Heaters	4		• Disinfectant for clean-up		FOR RELICENSURE ONLY			
• Vented out			• In or very close to infant room (-5 for any violation)		Has there been any change in amount of space, toilets or lavatories?			
• Auto shut-off			21. Equipment and toys age appropriate, adequate, accessible and safe (lead-free)	4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Protected			22. Hooks/compartments available for each child and spaced apart	2	LICENSE APPROVAL			
• UL or AGA approved			23. Individual mats provided - water proof, clean and in good condition	3	<input checked="" type="checkbox"/> Yes Regular			
06. Temperature at comfortable level	2				<input type="checkbox"/> Yes Provisional			
07. Well heated, lighted and ventilated	2				<input type="checkbox"/> No			
08. Indoor area allows 35 sq. feet per child	4				Signature <u>Robert H. Smith</u>			
09. Building free of hazardous or potentially hazardous conditions	4				Date <u>9/1/87</u>			
10. Walls, ceilings, floors in good repair and clean	3				*****			
11. No smoking in children's area	2				Based on an inspection this day the items circled identify the violations in operations or 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.			
12. Telephone on premise and available	4				*****			
13. Fire extinguishers adequate, current dated and hung	3							
14. Electrical outlets protected	2							
15. Laundry equipment located properly	2							
16. Evacuation plan posted in each room	2							
17. Outdoor area - 70 sq. ft. and 4 ft. barrier	4							
18. Outdoor area drained and free of hazardous or potentially hazardous conditions	4							
19. Swimming pools fenced at 6 ft.	3							
			SANITATION					
			27. Compliance with all sanitation regulations	4				

Comments

Mississippi State Department of Health
CHILD CARE FACILITY SURVEY REPORT

PIN#2062
45C B002D

A. Identification

County MADISON Date 9/1/87
Name of Facility ASSISI EARLY LEARNING CENTER Facility Telephone No. 856-9494
Facility Address 4000 Tidewater Lane MADISON MS 39110
(Street and No.) (City) (State) (Zip Code)

B. Organization

1. If facility is privately owned,

Name of Owner ST. FRANCIS OF ASSISI CHURCH
Address P.O. Box 366 MADISON MS 39110
(Street and No.) (City) (State) (Zip Code)

2. If owner does not operate the facility,

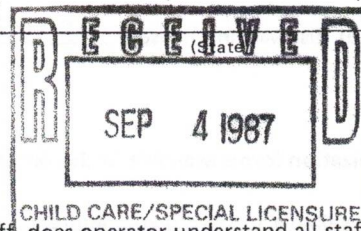
Name of operator or Director Sister Paula Blouin Age _____
(Name of responsible person on premises)
Address _____
(Street and No.) (City) (State) (Zip Code)

3. Name of sponsor _____

Address _____
(Street and No.) (City) (State) (Zip Code)

C. Enrollment and Staff

1. Does operator understand staff - child ratio? ☒ Yes ☐ No
2. Are all staff members over 16 years of age? ☒ Yes ☐ No (If no staff, does operator understand all staff persons must be at least 16 years of age?) ☒ Yes ☐ no



D. Physical Plant

1. Type of building ☐ Residence ☒ Church ☐ Commercial ☐ Other
☒ New ☐ Existing
2. Type of construction: ☐ Frame ☐ Frame-Brick Veneer ☒ Masonry ☐ Other
3. Total number of floors 1 Number of floors used for child care 1
NOTE: No children may be housed above or below the floor of exit discharge.
4. Total number of rooms used for child care 7 Number of lavatories 9 Number of toilets 15
5. Number of square feet of usable indoor space exclusive of kitchen, halls, toilets, closets, storage area 4336
6. Are there at least 2 exits from each floor, remote from each other? ☒ Yes ☐ 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? ☒ Yes ☐ No Do they open outward? ☒ Yes ☐ No Equipped with opening hardware? ☒ Yes ☐ No
9. Are children adequately protected from indoor hazards such as open stairways, unprotected heaters or stoves, unscreened windows, other? ☒ Yes ☐ No

10. Is the facility adequately lighted? ☒ Yes ☐ No Adequately heated? ☒ Yes ☐ No What type of heating is used? CENTRAL
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 _____
1 ABC Kitchen
2 ABC Licensed Area
12. Is a tag attached to each extinguisher showing date of service? ☒ Yes ☐ No Date 8/87 Person servicing TERRY DAVIDSON
13. Is there a fire alarm system or sprinkler system in the building? ☒ Yes ☐ No
14. What is the distance to the nearest fire hydrant? 300ft. Fire station? 1 mile
15. Number of square feet of usable outdoor play area 9000 Is there a barrier around outside play area? ☒ Yes ☐ No
Type of barrier 500ft.
16. 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. Sanitation

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? mechanical

F. Health

1. Are immunization forms available in the facility? ☒ Yes ☐ 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
3. Are Communicable Disease History Survey's 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 ☐ No

G. Evaluation

1. Does the facility comply with all of the State Department of Health's "Regulation Governing Licensure of Child Care Facilities"? ☒ Yes ☐ No
2. Does operator have a copy of the "Regulation Governing Licensure of Child Care Facilities"? ☒ Yes ☐ No
3. What is the maximum number of children? 123
4. Do you give your approval for licensure as a Child Care Facility? ☒ Yes ☐ No
5. If you do not give your approval for licensure, what recommendations do you make? _____

Signed: _____

Robert H. Smith

Title: _____

SANITARIAN