

MISSISSIPPI STATE BOARD OF HEALTH
CHILD CARE FACILITY SURVEY REPORT

MAR 23 1982

A. IDENTIFICATION

County Bolivar Date 3-12-82
Name of Facility Title XX Child Care Facility Tel. No. 846-0388
Facility Address Cleveland, Miss
(Street and No.) (City) (State) (Zip)

B. ORGANIZATION

1. If facility is privately owned,

Name of Owner Delta State University
Address Cleveland, MS. 38773
(Street and No.) (City) (State) (Zip)

2. If owner does not operate the facility,

Name of operator or Director Delta State University Age _____
(Name of responsible person on premises)
Address _____
(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 35 a.) No. under 2 years of age 0 b.) No. 2 to 4 years 18
c.) No. 4 to 6 years 17 d.) No. 6 years or older 0
2. Total number of employees 8

D. PHYSICAL PLANT

1. Type of building (residence, church, commercial, other) School
a.) New _____ Existing X
2. Type of construction (frame, frame-brick veneer, masonry, other) Masonry
3. Total number of floors 1 Number of floors used for child care 1
4. Total number of rooms used for child care 2 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 Same
6. Are there at least 2 exits from each floor, remote from each other? YES
7. Are there any corridors which have dead ends in excess of 30 feet? NO
8. Are all fire exit doors a minimum of 32 inches? YES Do they open outward? YES Equipped with opening hardware? YES
9. Are children adequately protected from indoor hazards such as open stairways, unprotected heaters or stoves, unscreened windows, other YES

NOTE: No children may be housed above or below the floor of exit discharge.

10. Is the facility adequately lighted? YES Adequately heated? YES What type of heating is used? Central
a.) Does heating system meet the minimum licensing requirements? YES
11. How many fire extinguishers are in the building? 2 Give location, type and size of each ABC type
playroom & kitchen
12. Is a tag attached to each extinguisher showing date of service? YES Date 9/14/80 Person servicing J. T.
13. Is there a fire alarm system or sprinkler system in the building? YES Bell
14. What is the distance to the nearest fire hydrant? Same Fire station? Same
15. Number of square feet of usable outdoor play area SAME Is there a barrier around outside play area? YES
Type barrier fence If no barrier, why? _____
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"? YES
If not, list deficiencies _____

2. What type of dishwashing is used? Automatic

F. HEALTH

1. Has facility obtained letter of Immunization Certification? 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. Provisional license will be issued only at the discretion of the licensing agency.)
3. If you do not give your approval for licensure, what recommendations do you make? _____

SIGNED: Paul Lee & Linda, Jr. TITLE: Sanitarian

Jim