



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD CARE FIRE SAFETY SURVEY

SPEC <i>John Beem</i>
LAT <i>38.58.305</i>
LONG <i>091.21.580</i>
TYPE OF FACILITY <input type="checkbox"/> FDCH <input type="checkbox"/> GDCH <input checked="" type="checkbox"/> DCC <input type="checkbox"/> LE
CENSUS/CAP <i>0 172</i>
TYPE OF INSPECTION <input checked="" type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> S <input checked="" type="checkbox"/> REINSP <input type="checkbox"/> COMPL LTR <input type="checkbox"/> F&W <input type="checkbox"/> OTHER

FACILITY <i>Golda id School - Lakewood</i>	DVN <i>007796701</i>
ADDRESS (STREET, CITY, ZIP CODE) <i>3301 NE Ralph Powell Rd Lees Summit</i>	COUNTY <i>Jackson</i>
OWNER/PROVIDER	TELEPHONE

Yes No N/A	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Smoke Barrier - Partitions
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electric Wiring and Equipment
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Furnace Room
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water Heater System Properly Installed and Maintained
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heating System Properly Installed and Maintained
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Emergency Lighting
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exit Signs
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exits
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire Doors
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire Alarm System
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Smoke Detectors

Yes No N/A	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sprinkler System
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fire Extinguishers
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Interior Finish
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Range Hood Systems
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Hazardous Material Storage
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	House Numbers
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Telephone
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Elevator in Facility
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Boiler Room in Facility
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Fire Drill/Date <i>Nov</i>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CO Detector Reading

INSPECTOR'S COMMENTS

Final Fire Alarm Acceptance - In Compliance

Electrical - In Compliance

Facility is in Compliance with DHS/SCCR Fire/Safety Regulations.

AREAS TO BE USED <input type="checkbox"/> BASEMENT <input checked="" type="checkbox"/> 1ST FLOOR <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/> OTHER			
GENERAL STRUCTURAL CONDITION <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> GOOD		GENERAL HOUSEKEEPING <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> GOOD	
FACILITY <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	IF NOT APPROVED <input type="checkbox"/> REINSPECTION REQUIRED <input type="checkbox"/> COMPLIANCE LETTER TO BE SUBMITTED	OVERLAP (LICENSING ONLY) <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	CARE APPROVED FOR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> NIGHT
NOTE: If not approved, please notify inspector when you have complied with the requirements. This inspection does not preclude the operator from complying with any applicable local fire or building codes.			

ADMINISTRATOR <i>[Signature]</i>	DATE <i>6/11/2020</i>	INSPECTOR <i>[Signature]</i>	DATE <i>6/11/2020</i>
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