First Baptist Weekday Educational
222 1st Street
Magee, Ms 39111
(601) 721-1996 Lic # 0515
Capacity 216

ATE DEPARTMENT OF HEALTH

Facility Inspection

County Simpson Date 1.8.2020

Facility Name _____ License Number 0515

Purpose Renewal Capacity 216

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	✓			
Proper staff to child ratio present	✓			
Room and playground capacity met	✓			
Center capacity met	✓			
License/complaint visible	✓			
Certified food manager	✓			

Sanitation Approved	In	Out	COS	N/A
Garbage and garbage bins maintained	✓			
Vector control maintained	✓			
Water system approved and functioning	✓			
Waste water system approved and functioning	✓			
Food service approved	✓			

Possible Monetary Penalty

	Monetary Penalty
1.	$
2.	$
3.	$
4.	$
5.	$

Age/Child/Staff Name	
1. Infant	10
2. Infant	5
3. 1yr old	3
4. 1/2yrs old	6
5. 2yrs	9
6. 2yrs	9
7. 3yrs	9
3/4yrs	4
4yrs	8

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	✓		✓	
Evacuation plans posted	✓			
Menus posted and served	✓			
Plan of activities	✓			
Building and Grounds				
Walls, ceilings, floors, toys, equipment clean and in good repair	✓			
Lighting approved	✓			
Heating/cooling approved	✓			
Ventilation adequate	✓			
Glass approved and shielded	✓			
Telephone on premises, available, and functioning	✓			
Electrical outlets protected	✓			
Large appliances located properly	✓			
Sinks and toilets working properly	✓			
Hot water at all sinks, not to exceed 120°	✓			
Children barred from kitchen	✓			
Vending machine snacks meet nutritional guidelines, if present				✓
Exits, doors and fastening devices single action approved and in good working order	✓			
Exits unobstructed	✓			
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	✓			
First aid kits stocked and easily accessible	✓			
Playground area clean, shaded, well drained and equipped and fence in good repair	✓			
Playground equipment meets standards	✓			
Pool area clean, fenced, and adequately maintained				✓
Diaper changing stations adequate in number and each fully supplied (number 6)	✓			

Center Director/Individual Heather Welch

Child Care Representative Tiffany Stay

White Copy - Facility File *Yellow Copy - Facility Operator*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

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District 5 Date 1.8.2020

Name _____ nse No. _____

Address _____

Center/Organization/Individual

Purpose Renewal Director Heather Welch

Mileage Start _____ Mileage End _____

County Simpson Telephone No. _____

Time In 9:45 Time Out 11:30 am Total Time _____

Findings/Comments Arrived at the facility, met w/ director acknowledge reason for today's visit was to conduct Renewal.

After a tour of the facility, the following violations wase observed.

Subchapter 10: Building and Grounds

Deficiency: Rule 1.10.5 Hooks shall be spaced well apart so that Clothes and belonging do not touch those of another child.

Findings: License official observed in several classrooms children belonging were touching those of another child

POC/TA: License official provided technical assistance, by explaining that children belonging shall not touch those of another child. LO also helped director/caregiver with the best way to store belonging so that they do NOT touch thoses of another child. This was corrected on site on JAN. 8, 2020.

Rule 1.6.3 (8) LO observed while reviewing records
(3) children with expired MSDH 121 form
Please submit updated 121 form within 14days to LO via email or fax.

Heather Welch
Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 1. 8. 2020

Facility Name _____ License No. _____

(1) employee with invalid MSDH 121 form
employee can not return to work until a valid MSDH 121 form is on file at the facility. Please send us a copy of updated 121 form via email or fax.

Need documents
1. 2 wks menu cycle on form 444 — www.healthyms.com
2. Fire safety form 333
3. All documents on encounter needed to complete renewal process.
   1. (3) Children 121 form
   2. (1) staff 121 form

Green survey card was provided

"Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license."

Heather Walsh
Center Director/Designee/Individual

Child Care Representative

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E DEPARTMENT OF HEALTH

Program Review

___ License No. _____ Date 1.8.2020

	Yes	No	N/A	
1.	☒	☐	☐	**Policies and procedures *(Parent's Handbook)*** {Rule 1.4.1}
2.	☒	☐	☐	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	☒	☐	☐	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	☒	☐	☐	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	☒	☐	☐	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	☒	☐	☐	Current alphabetical roster of children *(includes date of birth)* {Rule 1.6.3 (2)}
7.	☒	☐	☐	Current staff roster *(includes date of birth & date of hire)* {Rule 1.6.3 (3)}
8.	☒	☐	☐	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	☒	☐	☐	**Medication record with date, time, signature for 90 days** {Rule 1.6.3 (6)}
10.	☒	☐	☐	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	☒	☐	☐	**Personnel records** *(attach employee's records form)* {Rule 1.6.4}
12.	☒	☐	☐	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	☒	☐	☐	**Children records** *(attach children's records form)* {Rule 1.6.7}
14.	☒	☐	☐	**Reports of serious occurences made as required** {Rule 1.7.1}
15.	☒	☐	☐	**Communicable diseases reported as required** {Rule 1.7.3}
16.	☒	☐	☐	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	☒	☐	☐	**Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)}
18.	☒	☐	☐	Age appropriate program of activities posted in each room {Subchapter 9}
19.	☒	☐	☐	Required toys present in infant room {Rule 1.10.1 (2)}
20.	☒	☐	☐	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	☒	☐	☐	Required toys present preschool room {Rule 1.10.1 (4)}
22.	☒	☐	☐	Licensed pest control contractor {Rule 1.11.14}
23.	☐	☐	☒	Pets present *(proof of immunization as required, signed by veterinarian)* {Rule 1.12.6}
24.	☒	☐	☐	**Appropriate discipline policy followed** {Subchapter 14}
25.	☒	☐	☐	**Appropriate transportation policy followed** {Subchapter 15}
26.	☒	☐	☐	Infant feeding schedules posted *(Appendix C, VII)*

Comments/Recommendations

Helpful Reminders:
Please send your LO- 2 or 4 weeks menus, Fire Form, and Contact hours for staff.
**License will be made available when all documents have been submitted and all violations corrected.

☐ ~~Pass~~
License to be issued: ☐ ~~Regular~~ ☐ ~~Probational~~ ☐ ~~Restricted~~
☐ ~~Fail~~
☐ Follow-up within _____ days

Heather Welch
☒ Director ☐ Designee

Child Care Representative

Food Service Facility Inspection Results

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Date 1.8.2020

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
No critical violations during inspection A	

☐ 92020 Scheduled	☑ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date 1/8/2020	Environmentalist Code

Please Remit within 10 days to:

Lisa Toney
Certified Manager

TS exp 1.17.24
Licence Number

Facility Signature Heather Weber

Environmentalist Signature

White Copy - Facility
Yellow Copy - PIMS
Pink Copy- Environmentalist

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ıre Playground Checklist

_____ Inspection Date 1.8.2020

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (8), pg 48)* In good repair, with no gaps? *(Rule 1.11.9 (8), pg 48)*
☑	☐	☐	2.	2 entrances/exits, with one being remote from the building? *(Rule 1.11.9 (8), pg 48)*
☑	☐	☐	3.	Is surfacing adequate? If not, where is it inadequate? *(CPSC, 2.4.2, pg8)* _____
☑	☐	☐	4.	AC units, high-voltage cabling/wires inaccessible? *(Rule 1.11.9 (5), pg 47)*
☑	☐	☐	5.	No standing water present on playground or in/on playground equipment or walkways? *(CPSC 2.4.2.2-5, pg 10)*
☑	☐	☐	6.	Toys & equipment in good repair? (none broken/deteriorating) *(Rule 1.10.2 (2), pg 36)*
☑	☐	☐	7.	Sidewalks provide smooth walking surface? (no trip hazards) *(CPSC 3.6, pg 15)*
☑	☐	☐	8.	All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? *(Rule 1.11.9 (5), pg 47)*
☑	☐	☐	9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? *(CPSC 3.4, 3.5, pg 15)*
☑	☐	☐	10.	Are use zones adequate? If not, where are they inadequate? *(CPSC 5.3.9, pg 40)* _____
☑	☐	☐	11.	If swings are present, are S-hooks in good repair? If not, state deficiency _____ *(CPSC 3.2, pg13)*
☑	☐	☐	12.	If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ *(CPSC5.3.6.4-5 pgs 34-35)*
☑	☐	☐	13.	Are spring rockers a minimum of 6 ft. apart? *(ASTM 9.5.1.2, pg 15)*
☑	☐	☐	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ *(Rule 1.10.2, pg 36)*
☑	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. _____ *(Rule 1.11.11 (1), pg 49)*
☑	☐	☐	16.	Is adequate shade present on the playground? *(CPSC 2.1.1, pg 5)*
☑	☐	☐	17.	Are concrete footings located at least 6" beneath the surface? *(Rule 1.10.2 (2), pg 36)*
☑	☐	☐	18.	Is wood smooth? Documentation provided that wood has been properly treated. *(CPSC 2.5.5)*

Director Heather Welch Licensing Official _____