



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County <u>Rankin</u>	Date <u>10.22.2018</u>
Facility Name _____	License Number _____
Purpose <u>Renewal/TA</u>	Capacity <u>247</u>

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

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

	Age/Child/Staff Name	
1.	3 year. 7. caregiver	1
2.	2 year. 10. caregiver	2
3.	3 year. 11. caregiver	3
4.	Infants. 2. caregiver	4
5.	1 year. 8. caregiver	5
6.	Infants. 4. caregiver	6
7.	1 year. 7. caregiver	7

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>10</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Christy Adams

Child Care Representative [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5

Date 10.22.2018

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Center/Organization/Individual \_\_\_\_\_

Purpose Renewal / TA Director \_\_\_\_\_

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Rankin Telephone No. \_\_\_\_\_

Time In 8:41 a.m Time Out 10:30 a.m Total Time \_\_\_\_\_

Findings/Comments Upon arrival the licensing official met with director Mrs. Patricia Gadman.

The purpose of this visit is to conduct a renewal inspection and provide technical assistance.

Rule 1.10.9 (7) - Licensing official observed infant sleeping in swing. Technical assistance was provided on children not being allowed to sleep in shared places. If a child falls asleep in such shared place, he or she should be moved immediately to a sanitary individual sleeping place.

Rule 1.6.3(8) - Licensing official observed 5 students that will need an updated MSPH 121 form. Technical assistance was provided explaining please submit students MSPH 121 form within 4 days. Each facility shall maintain copies of the MSPH form 121 for both staff and children at the facility.

Christy Gadman  
Center Director/Designee/Individual

Amelia Baus  
Child Care Representative  
Abdullah

White Copy - Facility File  
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
**Child Care Encounter**  
**(Continuation)**

Date 10.22.2018

Facility Name	License No.
2 year: 6 : caregiver	8 (child care count continued...)
1 year: 6 : caregiver	9
1 year: 6 : caregiver	10
1 year: 6 : caregiver	11
2 year: 9 : caregiver	12
3 year: 9 : caregiver	13
3 year: 9 : caregiver	14
4 year: 10 : caregiver	15
3 year: 11 : caregiver	16
4 year: 5 : caregiver	17
4 year: 9 : caregiver	18

Green survey card provided to, Mrs. Patricia Gadman.

"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"

Christy Gadman  
Center Director/Designee/Individual

Amelia Davis  
Child Care Representative

Azela Elin

White Copy - Facility File  
Yellow Copy - Operator



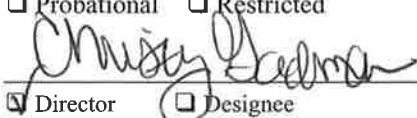

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 10.22.2018

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

**Comments/Recommendations** Facility passed renewal inspection  
pending all corrections if any deficiencies  
were noted on today's visit.

<input checked="" type="checkbox"/> Pass –	
License to be issued: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Probational <input type="checkbox"/> Restricted	
<input type="checkbox"/> Fail	
<input type="checkbox"/> Follow-up within _____ days	
<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Designee	
	

# Food Service Facility Inspection Results

PIMS ID	Facility Name	Brandon First Baptist Children's Center 309 South College Street Brandon, MS 39042 Ph.: 601-825-8686 601-825-0395	Date	10.22.2018
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## CRITICAL VIOLATIONS

Observed  
no  
critical  
violations

A

## CON PLAN AND SCHEDULE

<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input checked="" type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1    \$30.00 <input type="checkbox"/> 92011 Permit 2    \$100.00 <input type="checkbox"/> 92012 Permit 3    \$150.00 <input type="checkbox"/> 92013 Permit 4    \$200.00
Permit Date	Environmental Code
Please Remit within 10 days to:	

Christy Giddin Tulimny Sette  
 Certified Manager      Licence Number  
 Exp: 08.25.2022

Facility Signature
Environmental Signature

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

# Child Care Licensure Playground Checklist

Brandon First Baptist Children's Center  
309 South College Street  
Brandon, MS 39042  
Ph.: 601-825-8686  
Lic.: 61CFRFS-0395  
Director: Patricia Gadman

Center Name \_\_\_\_\_

Inspection Date

10.22.2018

YES NO N/A

☒ ☐ ☐

1.

Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)

☒ ☐ ☐

2.

2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)

☒ ☐ ☐

3.

Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)

☒ ☐ ☐

4.

AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)

☒ ☐ ☐

5.

No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)

☒ ☐ ☐

6.

Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)

☒ ☐ ☐

7.

Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)

☒ ☐ ☐

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 59)

☒ ☐ ☐

9.

Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)

☒ ☐ ☐

10.

Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)

☒ ☐ ☐

11.

If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)

☒ ☐ ☐

12.

If slide is present, is exit height/exit zone adequate? If not, state deficiency \_\_\_\_\_ (CPSC 5.3.6.4-5 pgs 34-35)

☒ ☐ ☐

13.

Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)

☒ ☐ ☐

14.

Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)

☒ ☐ ☐

15.

Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 61)

☒ ☐ ☐

16.

Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)

☒ ☐ ☐

17.

Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)

☒ ☐ ☐

18.

Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Christy Gadman

Licensing Official

Jemeria Davis  
Azelda Ellis