First Baptist Church of Byram
K/Daycare
7541 Siwell Rd. Jackson, MS 39272
601-372-3400 Lic. No. 25CCRFA-0097
Director Leslie Warren

LO- Licensing Official
COS-Corrected on Site
TA-Technical Assistance
POC-Plan of Correction
LOS-Letter of Suitability

MISSISSIPPI STATE DEPARTMENT OF ...

Child Care Encounter

District 5 Date

Name License No.

Address

Center/Organization/Individual

Purpose Renewal / TA Director

Mileage Start — Mileage End —

County Hinds Telephone No.

Time In 9:15a.m. Time Out 1:19 p.m. Total Time

Findings/Comments Upon arrival the LO(S) met with the director Leslie Warren.

The purpose of this visit is to conduct a renewal inspection and provided TA with facility.

Rule: 1.10.2 (I) (pg. 46)
Technical Assistance was provided with the director on removal of rust from toys & equipment.
P.O.C. Plan of Correction

P.O.C
1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence?3. What is the date of completion?

Director Leslie Warren stated that she would contact the building & grounds committee to make arrangements to have the rust covered with using paint. This correction will be completed by Tuesday, March 31, 2020.

Rule 1.11.11(I)
Technical Assistance was provided with the director on removal of rust from fence line. - the whole fence.

P.O.C - Plan of Correction

Leslie Warren
Center Director/Designee/Individual

Freda Ellis
Child Care Representative

Tera Terrell

White Copy - Facility File
Yellow Copy - Operator

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Director Leslie Warren

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2·26·2020

Facility Name _____ License No. _____

P.O.C
1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence?3. What is the date of completion?

Director Leslie Warren stated that she would contact the Building & grounds committee to make arrangements to have the rust covered with using paint. This correction will be completed by Tuesday, march 31, 2020.

Subchapter 6: RECORDS
Deficiency: Rule 1.6.3(8) States in part, each facility shall maintain a notebook containing copies of MSDH Certificate of Immunization (MSDH Form #121) for both staff and students on file at the facility.

Findings observed (2) two children MSDH 121 form expired. TA. was provided w/ director on getting updated MSDH 121 forms for these students. Please submit to the LO. 14 days through email, fax, or mail. by March 17 2020. LO. observed One staff needs to get the 121 form transferred over to a MSDH 121 form.

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

Leslie Warren
Center Director/Designee/Individual

Azeeda Essie
Child Care Representative

Tera Term

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2.26.2020

Facility Name _____ License No. _____

P.O.C
1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation? 2. Who will be responsible for monitoring violation from recurrence?3. What is the date of completion?

Plan of Correction

Director stated that she would send letters home for the children who MSDH 121 forms have expired to get updated shot records for children. Also, send the (1) one staff to a local Health department to get her form transferred over to the MSDH 121 form. once receive before the 14 days, will send an updated copy is sent to the LD.

A requested re-measurement was provided on today's visit. New capacity for facility is 115.

LD. Will send a copy of new license to the director through email.

Reminders:
Helpful Hints:
Renewal Process see form:
#289

Leslie Warren
Center Director/Designee/Individual

Azelda Ellis
Child Care Representative

Vera Verma

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Hinds Date 2/26/2020

Facility Name _____ License Number _____

Purpose Renewal / TA Capacity 175

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				
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.	infants · 6 · CG 1, 2
2.	infants · 5 · CG 3
3.	1 yr · 4 · CG 4
4.	2 yr · 7 · CG 5
5.	2-3 yr · 4 · CG 6
6.	2-3 yr · 5 · CG 7
7.	3 yr · 7 · CG 8
	5 yr · 6 · CG 9

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 7)	☑	☐	☐	☐

Center Director/Individual Leslie Warren Child Care Representative Kenda Cottrie Vera Verma

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

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 2/26/2020

	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

Go online to www.healthyms.com to complete your online application and pay fees and print your license on or before 5/31/2020, to avoid late fees and reinstatement fees.

Items needed to be submitted to your licensing official to complete your renewal process:
-4 or 6 weeks menus
-Fire form, zoning letter (Hinds County Only)
-Contact hours
~~-Catering Contract (If Applicable)~~

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

Leslie Warren
☑ Director ☐ Designee

Azuda Ellerto
Child Care Representative

Vera Herman

Food Service Facility Inspection Results

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Director Leslie Warren

PIMS ID		Date
		2/26/2020

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
No critical violations cited on today's visit.	N/A
"A"	

Leslie Warren T/S 18.16.24
Certified Manager Licence Number

☐ 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	Environmentalist Code TG5

Please Remit within 10 days to:

Facility Signature Leslie Warren

Environmentalist Signature Arzeda Pettis

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

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Child Care Licensure Playground Checklist

Center Name _____ Inspection Date 2.26.2020

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" 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 1 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 *(CPSC5.3.6.4-5 pgs 34-3*
☑	☐	☐	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 & CPSC 2.2.6, pg 6*
☐	☑	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. See #6 (Removal of rust off fence line and Toys & Equipment.) *(Rule 1.11.11 (1), pg*
☑	☐	☐	16.	Is adequate shade present on the playground? *(Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg*
☑	☐	☐	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. *(CPS 2.5.5, pg 15)*

Director Leslie Warren Licensing Official Azelda Peraltern