



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Lafayette Date 9-19-22
 Facility Name First Baptist Church Weekday License Number 1376
 Purpose Mid-Year Capacity 150

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.	<u>See encounter page 277</u>
2.	
3.	
4.	
5.	
6.	
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 type="checkbox"/>	<input checked="" 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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Kay Parker

Child Care Representative Tamika Bralchen



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 09-19-20

Name	<u>FB Church Weekday</u>		License No.	<u>1376</u>
Address	<u>800 Van Buren Ave</u>		<u>Oxford MS</u>	<u>38655</u>
Purpose	<u>Mid-Year</u>		Center/Organization/Individual	
Mileage Start		Director	<u>Kay Parker</u>	
County	<u>Lafayette</u>	Mileage End		
Time In	<u>9:30</u>	Telephone No.	<u>662-234-3517</u>	
Time Out	<u>11:30</u>	Total Time		

Findings/Comments Here to conduct a mid-year inspection.
Upon arrival the licensing official met with Mrs. Parker
the following were in compliance on today visit.
Current CPR & First
Current MSDH 121 Form for Staff and Children
Current POS for Staff
Kitchen Rec'd Grade letter A
Playground Check list was completed
Observed tree limbs exceeded more than 2ft
above the ground. Due Date 09-26-22
Provider states she would check playground monthly
for maintenance.

Kay Parker
 Center Director/Designee/Individual

Tamika Bratcher
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



Child Care Encounter (Continuation)

Date 04-19-22

Facility Name

First Baptist Church, Weekly Education License No. 1376

Classroom 129
Infants A
2mths - 4mths

Caregivers 1+2

Classroom 127
5mths

8

Caregivers 3, 4+5Caregivers 6+7

Classroom 123
1 year old

9

Classroom 121
1 year old

8

Caregivers 8+9

Classroom 115
2-B

13

Caregivers 10, 11, +12

Classroom 111
3 year old

12

Caregivers 13+14

Classroom 109
2 year old B

12

Caregivers 15+16

Classroom 103
4 year old (A)

9

Caregiver 17

Classroom 105
4 year old (B)

8

Caregiver 18

Kay Parker
Center Director/Designee/Individual

Tamika Bratcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <i>First Baptist Church Weekday</i>	Date <i>09-19-08</i>
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

*NO Critical Violations
Cited on today's
visit.*

<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 <i>191</i>
Please Remit within 10 days to:	

Synthia Gilliam
Certified Manager

Jimmy S. S. S.
Licence Number

Facility Signature <i>Kay Parker</i>
Environmental Signature <i>Jamika Bratcher</i>

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

Center Name First Baptist Church Inspection Date 9-19-20
Week day

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Playground fence less than 3 1/2" from surface (Rule 1119(8) pg 60) In good repair, with no gaps? (Rule 1119(8) pg 60) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Entrances/exits, with one being remote from the building? (Rule 1119(8) pg 60) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 9-10 & 43) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119(5) pg 59) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 2422(5) pg 10 & Rule 1111(4) pg 61) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 46) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 pg 16-17) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 1119(5) pg 59) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34.35 pg 16) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Are use zones adequate? If not, where are they inadequate? (CPSC 53.9 pg 41) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 If swings are present, are S-hooks in good repair? If not, state deficiency
<div style="text-align: right;">(CPSC 3.2 pg 14
252, pg 1 & 538.1 pg 37)</div> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency
<div style="text-align: right;">(CPSC 536.4-5 pgs 34-35)</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 & CPSC 537 pg 36-37) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate
<div style="text-align: right;">(Rule 1102 pg 46
& CPSC 226 pg 6)</div> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 Is playground area clean & free of hazards? If not, state deficiency
<div style="text-align: right;">(Rule 1111(1) pg 61)</div> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 Is adequate shade present on the playground? (Rule 1119(7) pg 60 & CPSC 211 pg 5) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 46 & CPSC 36 pg 16-17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 253 pg 15) |

Director Kay Parker Licensing Official Tamika Bratcher