



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County <u>Madison</u>	Date <u>7/13/2020</u>
Facility Name <u>Life Lifekids Wednesday Ministry</u>	License Number <u>45CERFSMA-7064</u>
Purpose <u>Virtual Renewal Inspection</u>	Capacity <u>150</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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	No children were present during the inspection.
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 checked="" 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 checked="" type="checkbox"/>
Heating/cooling approved *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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>6</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual See the MSOH Renewal LetterChild Care Representative [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 7/13/2020

Name Life Kids Weekday Ministries License No. 45CERFSMA-7064  
 Address 670 Highland Colony Parkway Ridgeland, MS 39157  
Center/Organization/Individual  
 Purpose Virtual Renewal Inspection Director Sarah Roberts  
 Mileage Start \ Mileage End \  
 County Madison Telephone No. 601-790-0808  
 Time In Zoom Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

Findings/Comments The purpose of this meeting is to conduct a virtual renewal inspection via Zoom. The facility director, Sarah Roberts, was present. The following observations were made:

- There were no children present in the facility building or on the grounds during this inspection. Per the facility director, the building ~~was~~ is closed on this day to conduct a major deep clean in preparation for the upcoming school session.
- A walkthrough was conducted of the 1st floor classrooms for children ages Infants to 4 years old. Per the facility director, each room will be assigned 2 staff, 3 staff for the Infant, Crawlers, and One year old rooms. Also, a walkthrough of the 2nd floor area, for the school age children was conducted.
- No major deficiencies were observed regarding the buildings and grounds, including the restrooms and playground areas.
- No major deficiencies were observed regarding the Kitchen area.
- Renewal pending the receipt of the requested documentation.
- All facility records are in compliance per the MSDH Records Checklist, per the director
- Technical Assistance was provided as needed

revocation of the license.

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.

See MSDH Renewal Letter  
 Center Director/Designee/Individual

[Signature]  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Lifekids Weekday Ministry</u>	Date <u>7/13/2020</u>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations were observed during the virtual inspection.

Letter grade "A" rec'd

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☐ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

TB, 05

Please Remit within 10 days to:

Amanda Barnes  
Certified Manager

Tommy Sate  
Licence Number  
Exp. 01/30/2023

Facility Signature

See MSDH Renewal Letter

Environmental Signature

[Signature]

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





## Food Establishment Inspection Report

Establishment <b>Life Kids Weekday Ministry</b>		Time in <b>2:00pm</b>	
Address <b>670 Highland Colony Parkway</b>		City/State <b>Ridgeland MS</b>	Telephone <b>601-790-0808</b>
License/Permit# <b>4 SEERFSMA 7064</b>		Permit Holder <b>Word of Life Church</b>	Risk Level <b>2</b>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status	COS	R
<b>Supervision</b>		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Manager certification		
<b>Employee Health</b>		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management awareness; policy present		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>		
5 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use		
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Hands clean and properly washed		
8 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
No bare hand contact with ready-to-eat foods		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food received at proper temperature		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, and unadulterated		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food separated and protected		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Potentially Hazardous Food (TCS food)</b>		
17 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures		
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding		
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperature		
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper hot holding temperatures		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper date marking and disposition		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Time as a public health control: procedure & records		

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food additives: approved and properly used		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>		
28 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Compliance with variance, specialized process, and HACCP plan		
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Risk control plan as required		
<b>Other Critical Factors</b>		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Water and ice from approved source		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, and animals not present		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Hot and cold water available; adequate pressure		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Plumbing installed; proper backflow devices		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Sewage and waste water properly disposed		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toilet facilities: properly constructed, supplied		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Permit/Last inspection posted		

Date **7/13/2020**Person in Charge (Signature) **See the MSOH Received Letter**Inspector (Signature) **[Signature]**

Letter grade "A" rec'd



# Child Care Licensure Playground Checklist

Center Name Life Kids Weekday Ministries # 7064 Inspection Date 7/13/2020

- | 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 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)                                                                                     |
| <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 2.4.2.2-5, pg 10)                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)                                                                                   |
| <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 1.11.9 (5), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)                                                                                 |
| <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 (CPSC 3.2, pg 13)                                                                  |
| <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 (CPSC 5.3.6.4-5 pgs 34-35)                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)                                                                       |

Director See the MSDH Acknowledgment letter Licensing Official [Signature] CLF II