



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County DeKalb Date 6/4/2021

Facility Name Bridgeway Project Day Care #1 License Number 53CDPF-1448

Purpose Follow-up Inspection Capacity 82

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present <u>designee</u>	<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	CAPACITY
1.	1-2yrs 4 1	Rm 2 (20)
2.	3-4yrs 16 2	R4 (26)
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Lafayette Bush

Child Care Representative

Pauline Smith



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 6/4/2021

Name	<u>Brickfire Project Day Care #1</u>	License No.	<u>53CDPF-1443</u>
Address	<u>300 Peoples Street, Starkville, Ms 39759</u>		
Purpose	<u>Follow-up Inspection</u>	Director	<u>Latesha Bush</u>
Mileage Start		Mileage End	<u>4</u>
County	<u>Oktibbeha</u>	Telephone No.	<u>(662)-323-5321</u>
Time In	<u>3:15</u>	Time Out	
		Total Time	

Findings/Comments Here to conduct a follow-up inspection; regarding cited violations at the 5/20/2021, renewal inspection.

Violation: Subchapter 11: Buildings and Grounds, Rule 1.11.5, Toilets and Handwashing Lavatories, states in part, "All handwashing lavatories shall have both hot and cold running water. Hot water temperature shall not exceed 120 degrees Fahrenheit."

Verified operational during re-inspection.

Violation: Subchapter 11: Buildings and Grounds, Rule 1.11.1 (8), states, "The ceiling, floor and/or floor covering shall be properly installed, kept clean and in good condition, and maintained in good repair..."

Verified compliance with missing ceiling tiles.

"Child Care Questionnaire was provided to Latesha Bush at the exit conference."

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

Latesha Bush
Center Director/Designee/Individual

Tamara Smith
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**Date 6/4/2021Facility Name Brickfire Project Day Care #1 License No. 53CDDF-1443

Violations: Subchapter 6: Facility Records Rule 1.6.3 (8) states in part,
"Each facility shall maintain a notebook containing copies of the MSDH
Certificate of Immunization Compliance (MSDH Form # 121) for both staff and
children at the facility..."

Verified complete on MSDH Form 122 for children enrolled.


Center Director/Designee/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 12443	Facility Name, Address Briarthre Project Day Care #1	Date 6/4/21
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p style="font-size: 2em; text-align: center;">B</p> <p>Hot water supply available to all hand washing sinks verified in compliance</p>	
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☐ 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

Environmentalist Code

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature

Environmentalist Signature

White Copy - Facility

Yellow Copy - PIMS

Pink Copy - Environmentalist