



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Jefferson, Date 03-10-21  
 Facility Name First Baptist Church License Number 1376  
 Purpose Renewal Capacity 150

## All Items in Red Are Critical

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

## Sanitation Approved

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

## Possible Monetary Penalty

1. <u>Rule 1.8.1 (1) x by 1</u> <u>Staff-to-child ratio</u>	Monetary Penalty \$
2. _____	\$
3. _____	\$
4. _____	\$
5. _____	\$

## 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"/>
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## Lighting approved

Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Ventilation adequate

Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Telephone on premises, available, and functioning

Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Large appliances located properly

Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Hot water at all sinks, not to exceed 120°

Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Vending machine snacks meet nutritional guidelines, if present

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"/>
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## Exits unobstructed

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"/>
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## First aid kits stocked and easily accessible

Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Playground equipment meets standards

Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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## Diaper changing stations adequate in number and each fully supplied (number \_\_\_\_\_)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Age/Child/Staff Name
Infants B	1. Infants, 7, Caregivers 1-3
Infants A	2. Infants, 6, Caregiver 4
Toddler B	3. 1, 9, Caregiver 5-6
Toddler A	4. 1, 10, Caregivers 7-8
2 Yrs A	5. 2, 10, Caregiver 9-10
2 Yrs B	6. 2, 11, Caregivers 11-12
4 Yrs A	7. 4, 10, Caregiver 13-14
4 Yrs B	3, 10, Caregiver 15

Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

3 Yrs B 3, 11, Caregiver 16  
 3 Yrs A 3, 10, Caregiver 17

*[Signature]*  
*[Signature]*



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 03-10-21

Name First Baptist Church Weekday License No. 1376  
 Address 800 Van Buren Ave Oxford MS 38655  
 Center/Organization/Individual  
 Purpose Renewal Director Pinck Glaze  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Leflore Telephone No. 662-234-3517  
 Time In 1:10 Time Out 3:45 Total Time \_\_\_\_\_

## Findings/Comments

Here to conduct a program renewal.  
 Upon arrival the licensing official met with  
 Pinck Glaze.

Please complete application and pay Renewal fee  
 online at Healthhubs.gov. minus 2 week, contact hours  
 fire for 333 are due 04-16-21

The following were in compliance on today's  
 visit:

Current CPR & First Aid  
 Current Records for Staff and Children  
 Current MSDH 121 forms for Staff and Children  
 POS for Staff  
 Kitchen Rec'd All A"

TA Provided on Rule 1.11.9 Playground  
 All Childcare facility is required to have  
 an adequate outdoor playground  
 20: Observed facility playground lack adequate  
 surfacing,

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 3-10-21Facility Name First Baptist Church Weekday License No. 1374

Subchapter 8: Staffing

Deficiency: Rule 1.8.1 (1) states "The Staff-to-child ratio shall be maintained at all times, to include when children are arriving and departing the facility."

Findings: Based on observations made while touring the facility, the facility failed to maintain the appropriate Staff-to-child ratio during arrival time of the children. There was 1 Staff present with 6 infants in the Infant A classroom. Since the age of the youngest child was an Infant, the minimum Staff-to-child ratio is one to five. This resulted in the facility being over ratio by one.

POC:

The facility director corrected the deficiency by allowing Caregiver 18 to bring Classroom Infant A into compliance. The director stated there are normally three different Caregivers at a time. To assure compliance and ~~to~~ prevent future reoccurrence she will monitor Caregivers while maintaining Staff-to-child ratio. X ~~7/8~~  
Childcare facility normally have 3 caregivers in each infant room.

Director states that the caregivers will use scales and Cimmer's Cuddly Nap-time that was not be used today. ~~2/2~~

Linda Blaz  
Center Director/Designee/Individual

Gary Pratt  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

First Baptist Church  
Weekday

License No.

1376

Date

03-10-01

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Policies and procedures ( <i>Parent's Handbook</i> ) {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 ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {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"/>            | Personnel records ( <i>attach employee's records form</i> ) {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 checked="" type="checkbox"/> | Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}  |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1}   |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {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"/>            | Staff present who hold valid CPR and First Aid Certification {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 ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}  |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate discipline policy followed {Subchapter 14}   |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate transportation policy followed {Subchapter 15}   |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Infant feeding schedules posted ( <i>Appendix C, VII</i> )   |

Comments/Recommendations

- ☒ Pass -  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days
- ☒ Director ☐ Designee

Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address First Baptist Church 1000 W. 1st St. N. Natchez, MS 39101	Date 10-10-11
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>No Critical Violation Noted on today's visit, Facility Rec'd An A</p>	
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<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 TPT
Please Remit within 10 days to:	

Zandra Ales Jimmy J. Ales  
 Certified Manager Licence Number  
 Ex 4-25-22

Facility Signature <u>[Signature]</u>
Environmental Signature <u>[Signature]</u>

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

# Child Care Licensure Playground Checklist

Center Name First Baptist Church Weekday Inspection Date 03-10-21

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2 2 entrances/exits, with one being remote from the building? (Rule 1119(8) pg 60)
- ☐ ☒ ☐ 3 Is surfacing adequate? If not, where is it inadequate? (CPSC 242 pg 9-10 & 43)  
Need additional Surfacing left out left all the way around
- ☒ ☐ ☐ 4 AC units, high-voltage cabling/wires inaccessible? (Rule 1119(5) pg 59)
- ☒ ☐ ☐ 5 No standing water present on playground or in/on playground equipment or walkways? (CPSC 242.2(5) pg 10 & Rule 1111(4) pg 61)
- ☒ ☐ ☐ 6 Toys & equipment in good repair? (none broken/deteriorating) (Rule 1102(2) pg 46)
- ☒ ☐ ☐ 7 Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 36 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 1119(5) pg 59)
- ☒ ☐ ☐ 9 Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 34, 35 pg 16)
- ☒ ☐ ☐ 10 Are use zones adequate? If not, where are they inadequate? (CPSC 53.9 pg 41)
- ☐ ☐ ☒ 11 If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 32, pg 14 252, pg 1 & 538.1 pg 37)
- ☒ ☐ ☐ 12 If slide is present, is exit height/exit zone adequate? If not, state deficiency  
(CPSC 5364-5 pgs 34-35)
- ☐ ☐ ☒ 13 Are spring rockers a minimum of 6 ft. apart? (ASTM 9512 & CPSC 537 pg 36-37)
- ☒ ☐ ☐ 14 Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1102 pg 46 & CPSC 226 pg 6)
- ☒ ☐ ☐ 15 Is playground area clean & free of hazards? If not, state deficiency  
(Rule 1111(1), pg 60)
- ☒ ☐ ☐ 16 Is adequate shade present on the playground? (Rule 1119(7) pg 60 & CPSC 211 pg 5)
- ☒ ☐ ☐ 17 Are concrete footings located at least 6" beneath the surface? (Rule 1102(2) pg 46 & CPSC 36 pg 16-17)
- ☒ ☐ ☐ 18 Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 253 pg 15)

Director

Linda Staze

Licensing Official

Michelle Bratcher  
Sam Pratt