



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility InspectionCounty WayneDate 3/10/2020Facility Name 1st Baptist E. L. CLicense Number 1230Purpose RenewalCapacity 100**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. | infants - 4-M. Waters/Dees |
| 2. | 1 yr. - 5-C. Pugh |
| 3. | 3 yr. - 6-I. Jones |
| 4. | 3 yr. - 9-M. Rigney |
| 5. | 3 yr. - 7-G. Jones |
| 6. | 3 yr. - 8-H. Burke |
| 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 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>2</u>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Center Director/Individual

Michelle Walter

Child Care Representative

Jemica



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District VIIIDate 3/10/2020

| | | |
|---------------|--|-----------------------|
| Name | First Baptist Early Learning | |
| Address | 814 Azalea Drive, Waynesboro, MS 39367 | |
| | 601-735-9880 | Lic. No.: 77CDRF-1230 |
| Purpose | Director: Jennifer Hall | |
| Mileage Start | | Mileage End |
| County | <u>Wayne</u> | Telephone No. |
| Time In | <u>12:45</u> | Time Out <u>2:00</u> |
| | | Total Time |

Findings/Comments A survey was given to Michelle Walters, designee.

No deficiencies observed during the inspection.

Please submit application & fee online by 5/31/2020.

Please submit fire form & atleast a 2 wk cycle of menus to Jessica Neap by 5/31/2020.

Please submit MSDH 121 forms for children within 14 days.

Michelle Walters
Center Director/Designee/Individual

Jessica Neap
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name 1st Baptist E.L.C License No. 1230 Date 3/10/2020

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (Parent's Handbook) {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 (includes date of birth) {Rule 1.6.3 (2)} |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current staff roster (includes date of birth & date of hire) {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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 (attach employee's records form) {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 type="checkbox"/> | Children records (attach children's records form) {Rule 1.6.7} |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 (proof of immunization as required, signed by veterinarian) {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 (Appendix C, VII) |

Comments/Recommendations _____

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

☐ Director ☒ Designee

Jenica N
 Child Care Representative

Food Service Facility Inspection Results

First Baptist Early Learning

814 Azalea Drive, Waynesboro, MS 39367

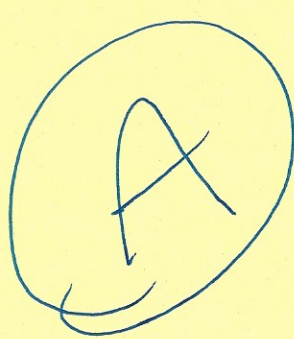
601-735-9880 Lic. No.: 77CDRF-1230

Director: Jennifer Hall

| | | |
|---------|---------------|-----------|
| PIMS ID | Facility Name | Date |
| | | 3/10/2020 |

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

| | |
|-------------------------------|--|
| <p>No deficiency observed</p> |  |
|-------------------------------|--|

- ☒ 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

20P

Please Remit within 10 days to:

Jennifer Hall
Certified Manager

Tummy Safe
Licence Number

Facility Signature

Environmental Signature

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

Child Care Licensure Playground Checklist

Center Name 1st Baptist ELC Inspection Date 3/10/2020

- | 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, pg13) |
| <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 Michelle Walker Licensing Official Jenica He



Food Establishment Inspection Report

Establishment

Time in

First Baptist Early Learning

Address

814 Azalea Drive, Waynesboro, MS 39367

Telephone

601-735-9880 Lic. No.: 77CDRF-1230

License/Permit#

Director: Jennifer Hall

older

Risk Level

2

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

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

Date

3/10/2020

Person in Charge (Signature)

Michelle Walter

Inspector (Signature)

Jessica Neap

DISTRICT IV CHILD CARE WORKSHEET

DATE: 3/1/2020

FACILITY: 1st Baptist ELC

| | |
|--|---|
| CHILDREN WITH NO 121 (may not return until valid 121 on file at facility) | CHILDREN WITH SHOTS DUE (updated 121 due within 14 days) Palmer Bilbo (3/1/2020) Gavin Crane (6/13/2020) C/H Sutton Freeman (3/9/2020) |
| ✓ | |
| STAFF WITH NO 121 (may not return until valid 121 on file at facility) | STAFF WITH SHOTS DUE (updated 121 due within 14 days) |
| ✓ | ✓ |
| STAFF WITH NO LETTER OF SUITABILITY (LOS) | ** Staff without a valid LOS on file may not be left alone with children! ** |
| ✓ | |

PLEASE SEND A COPY OF 121'S WITH IN 14 WORKING DAYS OF THIS
INSPECTION DATE (Date listed at the top of form)

PLEASE SEND A COPY OF LETTER OF SUITABILITY WITHIN 60 WORKING
DAYS OF THIS INSPECTION DATE (Date listed at the top of form)

CHILD CARE DIRECTOR: Nichelle Walters

CHILD CARE REPRESENTATIVE: Jemima Nye



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review - Employee Records & Children's Records

Facility 1st Baptist ELC License No. 1230 Total Children 69 Total Personnel 19 Date 3/10/2020

| Employee's Name and Position | New Director's Orientation | | | | | | | | | | | | | | Comments |
|------------------------------|----------------------------|-------------------|----------------------------|-----------|-----|-------------------------|----------------|------------------|---------------------------------|--------------|--------------------|--------------------------|---|--|----------|
| | Regulations | Playground Safety | Application for Employment | First Aid | CPR | Tummy Safe/Food Manager | Qualifications | 15 Contact Hours | Date of Employment (Start Date) | Form No. 121 | Suitability Letter | New Employee Orientation | | | |
| Raven Bonner | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Kady Crane | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Jennifer Nale | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Janey Kithure | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Michelle Walters | - | - | - | - | - | - | - | - | - | - | - | - | - | | |

| Child's Name | New Director's Orientation | | | | | | | | | | | | | | Comments |
|----------------|----------------------------|-------------------|----------------------------|-----------|-----|-------------------------|----------------|------------------|---------------------------------|--------------|--------------------|--------------------------|---|--|----------|
| | Regulations | Playground Safety | Application for Employment | First Aid | CPR | Tummy Safe/Food Manager | Qualifications | 15 Contact Hours | Date of Employment (Start Date) | Form No. 121 | Suitability Letter | New Employee Orientation | | | |
| Wyatt Barnett | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Bailyn Boyd | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Holden Finley | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Avery Hildreid | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| Rylee McGraw | - | - | - | - | - | - | - | - | - | - | - | - | - | | |