



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

1 of 2

County <u>Rankin</u>	Date <u>09/08/2017</u>
Facility Name _____	License Number _____
Purpose <u>Renewal / T.A</u>	Capacity <u>323</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 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.	3yr. 11. K. Sampley
2.	3yr. 10. B. Ward
3.	3yr. 11. T. Jordan, S. McGowan
4.	2yr. 9. C. Walker
5.	2yr. 11. M. Germany
6.	2yr. 7. S. Pool
7.	Infants 5. S. Ainsworth

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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Christy Adams

Child Care Representative Patricia Gadman



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

2 of 2

County Rankin Date 09/08/2017
Facility Name _____ License Number _____
Purpose Renewal / T.A Capacity 323

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	Infants. 2. S. Barker
2.	Infants. 5. N. Pounders
3.	2yr. 7. A. Robinson
4.	1yr. 6. M. Obereto
5.	4yr. 9. N. Laseter
6.	4yr. 10. D. Mattola
7.	4yr. 11. R. Conn
	4yr. 8. K. Smith

Other Items - Must be corrected	In	Out	COS	N/A
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Large appliances located properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Center Director/Individual

Christy Gadman

Child Care Representative

Jemima Davis
G. E. Davis

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Date 09/08/2017

Name _____ License No. _____

Address _____ Center/Organization/Individual _____

Purpose Renewal / T.A Director _____

Mileage Start _____ Mileage End _____

County Rankin Telephone No. _____

Time In 12:30 p.m Time Out 3:35 p.m Total Time _____

Findings/Comments Upon arrival, the licensing officials met with director, Christy Gadman.

The purpose of this visit is to conduct a renewal inspection and provide technical assistance.

Technical assistance was provided on the following:

- spread surfacing out on preschool playground
- not bed present on school age children and playground surfacing is needed.
- pressure wash playground equipment

Subchapter (6): Records

Deficiency: Rule 1.6.3(8) - each facility shall maintain MSDH Form 121 for both staff and students.

Findings: The licensing officials observed 1 staff Cody Hannah with an expired MSDH Form 121. 3 children with an expired and/or missing MSDH 121 form. Please fax within 14 days.

- 1) Gather current 121 forms on these 4 people and fax. We'll make monthly checks to make sure they are current.
- 2) Christy Gadman
- 3) 9/14 - 121 forms will be fixed

Christy Gadman
Center Director/Designee/Individual

Emeria Davis
Child Care Representative
E. Davis

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 09/08/2017

Facility Name _____ License No. _____

Green survey card was provided to director,
Christy Gadman.

Please fax all items needed within the proper
time frame given.

Email addresses

Owner: cgadman@fbcbrandon.com

Director: pstovall@fbcbrandon.com

Designee: cc receptionist@fbcbrandon.com

Great inspection! Keep up the great work!

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."

Christy Gadman
Center Director/Designee

Genevieve Wallis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date 09/08/2017

- | Yes | No | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Policies and procedures (Parent's Handbook) {Rule 1.4.1} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Attendance records for children and staff {Rule 1.6.3 (1)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Immunization Records for Children and Staff {Rule 1.6.3 (8)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Personnel records (attach employee's records form) {Rule 1.6.4} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Children records (attach children's records form) {Rule 1.6.7} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Reports of serious occurrences made as required {Rule 1.7.1} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Communicable diseases reported as required {Rule 1.7.3} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Age appropriate program of activities posted in each room {Subchapter 9} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Required toys present in infant room {Rule 1.10.1 (2)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Required toys present in toddler room {Rule 1.10.1 (3)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Required toys present preschool room {Rule 1.10.1 (4)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Licensed pest control contractor {Rule 1.11.14} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Appropriate discipline policy followed {Subchapter 14} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Appropriate transportation policy followed {Subchapter 15} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Infant feeding schedules posted (Appendix C, VII) |

Comments/Recommendations

Facility passed renewal inspection with regular license. Great inspection!

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

☐ Director ☒ Designee

Christy Gadman

Zemeria Davis
Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name Brandon First Baptist Children's Center 309 South College Street Brandon, MS 39042 Ph.: 601-825-8686 Lic.: 61C4RFAS-0395 Director: Patricia Gadman	Date 09/08/2017
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

Observed
NO
critical violations

A

- ☐ 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

JD5

Please Remit within 10 days to:

Certified Manager

Licence Number

exp: 08/25/2022

Facility Signature

Environmental Signature

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

Ch Brandon Baptist Children's Center
309 South College Street
Brandon, MS 39042
Ph.: 601-825-8686
Lic.: 61C4RFAS-0395
Director: Patricia Gadman

Playground Checklist

Inspection Date _____

Center Name _____

YES NO N/A

- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☒ ☐ ☐ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg13)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-35)
- ☒ ☐ ☐ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director

Christy Gadman

Licensing Official

Emerita Davis
J. E. Davis