



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

|               |                                                                              |                |              |
|---------------|------------------------------------------------------------------------------|----------------|--------------|
| County        | 45CFRSA-6602                                                                 | Date           | 03/06/2020   |
| Facility Name | RIDGECREST WEEKDAY<br>7469 OLD CANTON RD<br>MADISON MS 39110<br>601-853-0338 | License Number | 45CFRSA-6602 |
| Purpose       | Midyear-Technical Assistance                                                 | Capacity       | 210          |

## 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. _____ | \$ _____         |

## 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 (TA)           | <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 (TA)                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hot water at all sinks, not to exceed 120° (TA)                                                                                   | <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 (TA)                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Playground equipment meets standards (TA)                                                                                         | <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 8)                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| Ln#                                        | Age/Child/Staff Name |
|--------------------------------------------|----------------------|
| 1. School-age 12 Caregiver #1              |                      |
| 2. School-age 36 Caregivers #2, #3, #4, #5 |                      |
| 3. #5                                      |                      |
| 4. _____                                   |                      |
| 5. _____                                   |                      |
| 6. _____                                   |                      |
| 7. _____                                   |                      |

Center Director/Individual Babbe May Child Care Representative [Signature]



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District \_\_\_\_\_

Date 03/06/2020

**45CFRSA-6602**  
 Name **RIDGECREST WEEKDAY**  
**7469 OLD CANTON RD**  
 Address **MADISON MS 39110**  
**601-853-0338**

License No. 45CFRSA-6602

Center/Organization/Individual

Purpose \_\_\_\_\_

Director Babbe E. May

Mileage Start \_\_\_\_\_

Mileage End \_\_\_\_\_

County MadisonTelephone No. 601-853-0338Time In 3:16 p.m.Time Out 4:50 p.m.

Total Time \_\_\_\_\_

**Findings/Comments** Upon arrival, MSDH licensing official Tonya Broger met with Babbe E. May, Director #1. The purpose of the visit, to conduct a midyear inspection, was acknowledged and the following observations were made.

- ~~No crit~~ No critical violations were observed regarding the kitchen / meal prep area.

- Staff records: All staff records observed, including the FBI LOS and Form 1215, were compliant with the MSDH CCL regulatory guidelines.

- Child records: This is an afterschool / schoolage program only. All immunization records were compliant per MSDH CCL regulatory guidelines.

Observed deficiencies:

Subchapter II Rule 1.11.15(s) states, "Toilets, urinals, hand washing lavatories, and sinks shall be clean and operational."

Findings: Based on observations made during a tour of the facility, one toilet and one hand washing sink in the girls restroom were not operational (out of order signs were posted). Per Director #1, Facility maintenance had been contacted regarding repairs. The facility will have 30 days to provide verification of the completed repairs. Due by 04/06/2020.

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.

Babbe May  
 Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator

  
MISSISSIPPI STATE DEPARTMENT OF HEALTH  
**Child Care Encounter**  
**(Continuation)**

Date 03/06/2020

Facility Name \_\_\_\_\_

License No. 45CFRSA-6602

Subchapter II Rule 1.11.11(1) states, "The grounds, including the outdoor play-ground area, shall be free of hazardous or potentially hazardous objects."

Finds: Based on a tour of the facility grounds, the facility playground #2 is currently undergoing renovations. MSDH staff observed the borders removed from around the playground area and the presence of metal spikes (to be used to replace equipment) near the playground fence.

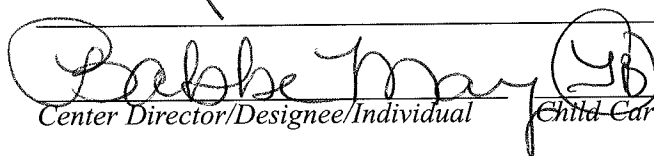
Per Director #1, the Playground area #1 is not currently utilized by the after school program and the completion for the playground #2 are pending the weather conditions.

Per Director #1 a sectioned off area of the facility parking lot is utilized for outdoor play activities. This area is sectioned off with safety cones during use.

On this date, MSDH staff observed the children and staff utilizing the gym area for games and activities.

- Technical assistance was provided to Director #1.

- The facility will have 30 days to provide verification of the completed playground renovations.

  
Center Director/Designee/Individual \_\_\_\_\_  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

45CFRSA-6602

RIDGECREST WEEKDAY

7469 OLD CANTON RD

MADISON MS 39110

601-853-0338

|         |                        |            |
|---------|------------------------|------------|
| PIMS ID | Facility Name, Address | Date       |
|         |                        | 03/06/2020 |

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>- No critical violations were observed in the Kitchen/meal prep area shared with the church facility.</p> <p>- Letter grade "A" rec'd</p> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 92020 Scheduled<br><input type="checkbox"/> 92030 Followup<br><input type="checkbox"/> 92040 Complaint<br><input type="checkbox"/> 92050 Consultation<br><input type="checkbox"/> 92070 Plan Review/Const.<br><input type="checkbox"/> 92080 No Inspection<br><input type="checkbox"/> 92090 Restaurant Training | <input type="checkbox"/> 92010 Permit No Charge<br><input type="checkbox"/> 92015 Permit 1 \$30.00<br><input type="checkbox"/> 92011 Permit 2 \$100.00<br><input type="checkbox"/> 92012 Permit 3 \$150.00<br><input type="checkbox"/> 92013 Permit 4 \$200.00 |
| Permit Date                                                                                                                                                                                                                                                                                                                               | Environmental Code                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                           | TB, D5                                                                                                                                                                                                                                                         |
| Please Remit within 10 days to:                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |

Babbe May  
Certified Manager

Tummy Sate  
Licence Number  
Exp. 11/1/2022

|                         |                      |
|-------------------------|----------------------|
| Facility Signature      | <u>Babbe May</u>     |
| Environmental Signature | <u>YB</u> mwr CCF II |

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

\* Please note, per Director #1 the facility currently utilizes a sectioned off area of the parking lot to play outdoor activities (such as kickball). Safety cones are used in this area during play. **Child Care Licensure Playground Checklist** On this date, MSDH staff observed the children having activities in the gym area.

45CFR5A-6602

RIDGECREST WEEKDAY

7469 OLD CANTON RD

MADISON MS 39110

601-853-0338

Center Name \_\_\_\_\_

Inspection Date \_\_\_\_\_

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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)                                                                                       |
| <hr/>                               |                                     |                                     |     |                                                                                                                                                                 |
| <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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)                                                                           |
| <input type="checkbox"/>            | <input checked="" 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)                                                                                  |
| <hr/>                               |                                     |                                     |     |                                                                                                                                                                 |
| <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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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)                                                |
| <hr/>                               |                                     |                                     |     |                                                                                                                                                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg 49)                                                           |
| <hr/>                               |                                     |                                     |     |                                                                                                                                                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16. | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)                                                                                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)                                                                         |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)                                                                        |

Director

Babbe May

Licensing Official

\* Please note, per Director #1 the facility does not utilize Playground #1 or Playground #2 at this time. Playground #2 is currently undergoing renovations (placement of borders, surfacing). MSDH licensing staff observed the area during the inspection (observed standing water due to recent rains and spikes (metal equipment) present near the playground fence.