



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Madison Date 01/09/2020

Facility Name First Ridgeland Weekday Ministry License Number 45CFR5A-0819

Purpose Midyear - Technical Assistance Capacity 391

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 15 Caregivers #1, #2, #3, #4
2.	Infants 5 Caregivers #5, #6
3.	Infants 7 Caregivers #7, #8
4.	1yrs 8 Caregivers #9, #10
5.	1yrs 7 Caregivers #11, #12
6.	1yrs 7 Caregivers #13, #14
7.	1yrs 8 Caregiver #15
8.	2yrs 10 Caregiver #16
9.	2yrs 10 Caregivers #17, #18

Center Director/Individual [Signature]

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

Playground area clean, shaded, well drained and equipped and fence in good repair (fence - railing of surfacing under all zones, remove debris, clear path of remote exit)

Playground equipment meets standards ☒

Pool area clean, fenced, and adequately maintained ☐

Diaper changing stations adequate in number and each fully supplied (number 20) ☒

Child Care Representative [Signature]

White Copy - Facility File Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281

10. 2yrs | 8 | Caregiver #19 12. Older | 1yrs | 8 | Caregiver #21, 22

11. 2yrs | 10 | Caregiver #20 13. 1yrs | 7 | Caregiver #23



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 01/19/2020

Name	<u>First Ridgeland Weekday Ministry</u>	License No.	<u>45CFRFS-0819</u>
Address	<u>302 W. Jackson St. Ridgeland, MS 39157</u>		
	Center/Organization/Individual		
Purpose	<u>Midyear - Technical Assistance</u>	Director	<u>Karen Blackburn, Jessica Anderson</u>
Mileage Start		Mileage End	
County	<u>Madison</u>	Telephone No.	<u>601-856-6139, 662-418-5133</u>
Time In	<u>9:27am</u>	Time Out	<u>11:55am</u>
		Total Time	

Findings/Comments Upon arrival, the MSDH licensing official met with Karen Blackburn, Director. The purpose of the visit, to conduct a midyear inspection, was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- Technical assistance provided regarding surfacing, the removal of trash items, and clearing the remote exit path (Appendix D) See Playground Checklist.
- No critical violations were observed regarding the facility Kitchen / meal preparation.
- Staff records: The facility will have 14 days to provide verification of request or documentation of FBI LOS for and Form 121 for 3 staff. Also, the facility will need to provide verif. of valid Form 121's for 5 staff. See the Form 289. Due by 01/23/2020.
- Children's records: The facility will have 14 days to provide verification of a valid Form 121 for 3 children. See Form 289. Due by 01/23/2020.
- Technical assistance provided, as need to Director #1.
- A green survey card and MSDH contact card was provided to Director #1.

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.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Madison Date 01/09/2020

Facility Name First B. dyeland Weckday Ministry License Number 45CPRFSA-0819

Purpose Midyear - Technical Assistance Capacity 391

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"/>
Proper staff to child ratio present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

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

Possible Monetary Penalty

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

Upstairs

	Age/Child/Staff Name
1.	4yrs/51 Caregiver #24
2.	4yrs/81 Caregiver #25
3.	1yrs/13 at lunch Caregivers #26, #27
4.	1yrs/
5.	3yrs/151 Caregiver #26
6.	2yrs/81 Caregiver #27
7.	4yrs/51 Caregiver #28
8.	3yrs/91 Caregiver #29
9.	3yrs/51 Caregiver #30

Center Director/Individual [Signature]

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair ☐ ☐ ☐ ☐

Lighting approved ☐ ☐ ☐ ☐

Heating/cooling approved ☐ ☐ ☐ ☐

Ventilation adequate ☐ ☐ ☐ ☐

Glass approved and shielded ☐ ☐ ☐ ☐

Telephone on premises, available, and functioning ☐ ☐ ☐ ☐

Electrical outlets protected ☐ ☐ ☐ ☐

Large appliances located properly ☐ ☐ ☐ ☐

Sinks and toilets working properly ☐ ☐ ☐ ☐

Hot water at all sinks, not to exceed 120° ☐ ☐ ☐ ☐

Children barred from kitchen ☐ ☐ ☐ ☐

Vending machine snacks meet nutritional guidelines, if present ☐ ☐ ☐ ☐

Exits, doors and fastening devices single action approved and in good working order ☐ ☐ ☐ ☐

Exits unobstructed ☐ ☐ ☐ ☐

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order ☐ ☐ ☐ ☐

First aid kits stocked and easily accessible ☐ ☐ ☐ ☐

Playground area clean, shaded, well drained and equipped and fence in good repair ☐ ☐ ☐ ☐

Playground equipment meets standards ☐ ☐ ☐ ☐

Pool area clean, fenced, and adequately maintained ☐ ☐ ☐ ☐

Diaper changing stations adequate in number and each fully supplied (number _____) ☐ ☐ ☐ ☐

Child Care Representative _____

Extra-curricular: Soccer Shots 4 staff 19 children

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address First Bridgeland Weekday Ministry 302 W. Jackson St. Bridgeland, MS 39157	Date 01/09/2020
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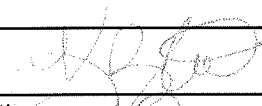

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<p>- No critical violations were observed during this inspection.</p> <p>- Letter grade "A" rec'd</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 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 TB, DS
Please Remit within 10 days to:	

LaTasha Adams Serve Safe
 Certified Manager Licence Number
 Exp. 3/19/2024

Facility Signature	
Environmental Signature	

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

Child Care Licensure Playground Checklist

Center Name First H. Idgeland Weekday Ministry Inspection Date _____
#0819

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
(TA - recommendation to clear the pathway at the remote exit on Ply #2)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
Recommendation to rake or replace surfacing under fall zones/slides stairs, etc)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, 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 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency _____ (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency _____ (CPSC 5.3.6.4-5 pgs 34-36-37)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate _____ (Rule 1.10.2, pg & CPSC 2.2.6, pg)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. _____ (Rule 1.11.11 (1), pg)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5, pg 15)

Director _____

Licensing Official _____

YB M Afill