



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County	45CDRM-0564 RIDGECREST PRESCHOOL 7469 OLD CANTON RD MADISON MS 39110 601-853-9100	Date	02/28/2020
Facility N		License Number	45CDRM-0564
Purpose	Midyear Technical Assistance		
Capacity	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.	2yrs 6 Caregiver #1
2.	2yrs 5 Caregiver #2 Floater #1
3.	Toddlers 5 Caregiver #3
4.	3yrs 6 Caregiver #4
5.	3yrs 5 Caregiver #5
6.	4yrs 10 Caregiver #6
7.	4yrs 10 Caregiver #7

Center Director/Individual Wiley Johnson
 White Copy - Facility File Yellow Copy - Facility Operator
 Mississippi State Department of Health
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 (TN)	<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>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Care Representative Wiley Johnson Wiley Johnson



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 02/28/2020

Name	<u>45CDRM-0564</u>	License No.	<u>45CDRM-0564</u>
Address	<u>RIDGECREST PRESCHOOL</u>	enter/Organization/Individual	
	<u>7469 OLD CANTON RD</u>		
	<u>MADISON MS 39110</u>		
	<u>601-853-9100</u>		
Purpose	Director <u>Hillery Johnson</u>		
Mileage Start	Mileage End _____		
County	<u>Madison</u>	Telephone No. <u>(601) 853-9100</u>	
Time In	<u>8:42am</u>	Time Out	<u>9:55am</u>
		Total Time	_____

Findings/Comments Upon arrival, the MSDH licensing official Tonya Broger met with Hillery Johnson, Director I. The purpose of the visit, to conduct a midyear inspection, was conducted and the following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- TA was provided to Director #1 regarding the slow flush/drain of the urinal in the boys restroom #1. Per Director #1, the maintenance staff will be contacted. The facility will have 30 days to provide verification of repair. Due by 03/28/2020.
- No critical violations were observed regarding the kitchen/meal prep area.

Staff: The facility will have 14 days to provide verification of a valid Form 121 for 1 staff. See the Form 289. Due by 03/16/2020.

Child records: All observed children's records including Form 121's, were compliant with MSDH regulatory guidelines.

- a green survey card and MSDH contact card was provided to the 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.

Hillery Johnson
Center Director/Designee/Individual

YB m-cc FII
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



Food Establishment Inspection Report

45CDRM-0564		Time in	
Es RIDGECREST PRESCHOOL		9:15am	
7469 OLD CANTON RD			
At MADISON MS 39110		City/State	Telephone
601-853-9100		Madison, MS	39110 601-853-9100
License/Permit#		Permit Holder	Risk Level
45CDRM-0564		Ridgecrest Baptist Church	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 applicable

Mark "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	02/28/2020
Person in Charge (Signature)	Kellany Johnson
Inspector (Signature)	SPB noq CCF II

Letter "A" rec'd



Food Establishment Inspection Report

Establishment		Time in	
Address	City/State	Zip	Telephone
License/Permit#	Permit Holder	Risk Level	

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
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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	
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Protection from Contamination			
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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	
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Consumer Advisory			
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
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30	IN OUT	Water and ice from approved source	
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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

Person in Charge (Signature)

Inspector (Signature)

Food Service Facility Inspection Results

45CDRM-0564

RIDGECREST PRESCHOOL

7469 OLD CANTON RD

MADISON MS 39110

601-853-9100

PIMS ID

Facility Name, Address

Date

02/28/2020

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

- No critical violations were observed during the inspections.

- Letter grade "A" rec'd

- ☐ 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

TB, 05

Please Remit within 10 days to:

Hillary Johnson
Certified Manager

Tommy Sule
Licence Number
Exp. 8/8/2022

Facility Signature

Environmental Signature

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

Food Service Facility Inspection Results

45CDRM-0564

RIDGECREST PRESCHOOL

7469 OLD CANTON RD

MADISON MS 39110

601-853-9100

PIMS ID

Facility Name, Address

Date

02/28/2020

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

- No critical violations were observed during the inspections.

- Letter grade "A" rec'd

- ☐ 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

TB, DS

Please Remit within 10 days to:

Hillary Johnson
Certified Manager

Turner Sule
Licence Number
Exp. 8/8/2022

Facility Signature

Environmental Signature

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

Child Care Licensure Playground Checklist

45CDRM-0564
RIDGECREST PRESCHOOL
7469 OLD CANTON RD
MADISON MS 39110
601-853-9100

Center Name _____

Inspection Date 02/28/2020

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

Phyllis Johnson

Licensing Official

(Signature) CCF II