



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HindsDate 02/13/2020Facility Name Breath of LifeLicense Number 85C4RFA-2690Purpose Renewal / T.A.Capacity 75

## All Items In Red Are Critical

Qualified director present  
 Proper staff to child ratio present  
 Room and playground capacity met  
 Center capacity met  
 License/complaint visible  
 Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

Garbage and garbage bins maintained  
 Vector control maintained  
 Water system approved and functioning  
 Waste water system approved and functioning  
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.	1-2 year olds 18/ caregivers #1, #2
2.	2-3 year olds 10/ caregivers #3
3.	
4.	
5.	
6.	
7.	

## Other Items - Must be corrected

Children's belongings separated/stored  
 Evacuation plans posted  
 Menus posted and served  
 Plan of activities

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" 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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Pool area clean, fenced, and adequately  
 maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in  
 number and each fully supplied  
 (number 111)

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative

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 5Date 09/13/2020

Name <u>Breath of Life</u>	License No. <u>25C4RFA-2690</u>
Address <u>2405 Lynch St Jackson MS 39209</u>	
Center/Organization/Individual	
Purpose <u>Mid-Year /T.A.</u>	Director <u>Patrica Jordan</u>
Mileage Start _____	Mileage End _____
County <u>Hinds</u>	Telephone No. <u>601-968-0133</u>
Time In <u>10:30 a.m.</u>	Time Out <u>11:45 a.m.</u>
Total Time _____	

**Findings/Comments** Upon arrival the licensing official met MS. Samantha Christian the facility director designee #2. The purpose of today's visit was announced. The facility director Patrica Jordan was arrived at 10:31 a.m.

During the facility inspection the following were observed:  
 Subchapter 4: Facility policy and procedures  
 Deficiency: 1.4.6 States in part "the following items shall be posted conspicuously in the child care facility at all times  
 (1b) Daily activity schedule posted in each classroom  
 Finding: During the facility walk-through the licensing official observed no daily activity schedule in the facility infant classroom.  
 P.O.C: The facility has (3) days to post the daily plan of activity on the infant classroom wall.

Subchapter 16: Diapering and Toileting  
 Deficiency: 1.16.1 States "each room in which diaper-wearing children play shall contain a diapering area. A diapering area shall contain a hand-washing facility with hot and cold running water, a smooth and easily cleanable surface, a plastic-lined, covered garbage receptacle, and sanitizing solution.

Finding: During the facility walk-through the licensing official observed no cleaning solution at the infant and 1-2 year old diaper changing station. This was corrected on site by placing fresh bleach water at each station. The licensing

Patrica Jordan  
 Center Director/Designee/Individual

Jesse Allen  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date

02/13/2020

Facility Name

Breath of Life

License No.

2690

Official also observed no cover on the garbage bin located in the infant classroom.

P.O.C.: Place top on garbage bin in infant classroom, as well as make sure that all other garbage bins have tops. The facility has to remember that fresh bleach water should be replaced each day or make sure that all diaper changing stations have cleaning solution.

No critical violations were found to the facility kitchen. A letter grade "A" was issued.

All staff records are in compliance.

All children records are in compliance

If you have any questions contact Lisa Allen 601-364-8827  
email: lisa.allen@health.ms.gov

A survey card was left with the facility director

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.

*Rafaela Jordan*  
Center Director/Designee/Individual

*Lisa Allen*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Breath of Life 8405 Lynch St Jackson MS 39209	Date 02/13/2008
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>No critical violations were found</p> <p>"A" issued</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 checked="" 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
Please Remit within 10 days to:	

<u>Rafael Jordan</u> Certified Manager	<u>Turner 508</u> Licence Number
exp: 02/06/2010	
Facility Signature <u>Rafael Jordan</u>	
Environmentalist Signature <u>Steve Allen</u>	

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



# Child Care Licensure Playground Checklist

Center Name Breath of Life

Inspection Date 08/13/2020

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)

☐ ☐ ☒ 3.

Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)

No equipment observed

☒ ☐ ☐ 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 1)

☐ ☐ ☒ 12.

If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 36-37)

☐ ☐ ☒ 13.

Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36)

☐ ☐ ☒ 14.

Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2 & CPSC 2.2.6, pg 1)

☒ ☐ ☐ 15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)

☒ ☐ ☐ 16.

Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 1)

☐ ☐ ☒ 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. (Rule 2.5.5, pg 15)

Director Patricia Jordan

Licensing Official Lois Allen