MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Date 08/21/2019

Name Broadmoor Weekday Preschool

Addre 1531 Highland Colony PKWY
Madison MS 39110
601898-4916

License No. 45CDRM-7367

zation/Individual

Purpose

Director Stephanie Jones, Pam Hinkle

Mileage Start

Mileage End

County Madison

Telephone No. 601-898-4916

Time In 10:43 am

Time Out 1:10 pm

Total Time

Findings/Comments Upon arrival, MSDH licensing official Tonya Broger met with Stephanie Jones, Director #1. The purpose of the visit, to conduct a renewal inspection, was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- Per director #1, a work order will be placed to check the heating unit for the hand washing sinks in the four year old classrooms. The wash took several minutes to become warm.

- No critical violations were observed regarding the facility Kitchen/meal prep area.
- Technical assistance provided regarding maintaining a separate self for staff food items in the refrigerator.

- No critical violations were observed regarding the playground area.
- Technical assistance provided to Director #1 regarding monitoring and supervison of the children by staff while on the playground. MSDH staff observed the staff sitting together in one area while the children played on the equipment. An immediate on-site correction was made by Director #1.

- Staff records: The facility will have 14 days to provide verification of the requested staff Form 121's (See Form 289). Due 09/10/2019

Stephanie Jones
Center Director/Designee/Individual

CCFI II
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

#45CDRM-7367
County___ Broadmoor Weekday Preschool
1531 Highland Colony PKWY
Facility Na Madison, MS 39110
601-898-4916

Date 08/21/2019

License Number 45CDRM-7367

Purpose _____ Capacity 115

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	✓			
Proper staff to child ratio present	✓			
Room and playground capacity met	✓			
Center capacity met	✓			
License/complaint visible	✓			
Certified food manager	✓			

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

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	4yrs | 12 | Caregiver #1, #2
2.	4yrs | 11 | Caregiver #3, #4
3.	4yrs | 11 | Caregiver #5, #6
4.	4yrs | 9 | Caregiver #7, #8
5.	3yrs | 10 | Caregiver #9, #10
6.	3yrs | 9 | Caregiver #11, #12
7.	13yrs | 7 | Caregiver #13, #14
8.	3yrs | 8 | Caregiver #15, #16

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	✓			
Evacuation plans posted	✓			
Menus posted and served	✓			
Plan of activities	✓			

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° (TA)	✓			
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 (TA - Supervision)	✓			
Playground equipment meets standards	✓			
Pool area clean, fenced, and adequately maintained				✓
Diaper changing stations adequate in number and each fully supplied (number 0)	✓			

Center Director/Individual Stephanie Jones Child Care Representative [illegible] (CCFI)

White Copy - Facility File *Yellow Copy - Facility Operator*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 08/20/2019

Facility Name Broadmoor Weekday Preschool License No. 45CDRM-7367

- The facility will have 14 days to provide the requested staff roster with the hire dates and birth dates.

- The facility will have an initial 14 days to provide the request verification of FBI LOS for one (1) staff new hire.

- Childrens records: All observed child records, including Form 121 Immunization records, were compliant with MSDH regulatory guidelines.

Technical assistance provided, as needed.

Please contact:

Tonya Brager CCFI II
(601) 364-2827 phone
(601) 364-5058 fax
tonya.brager@msdh.ms.gov.

* Class I and Class II violations may result in a monetary penalty. Repeated violations may result in the doubling of penalties, suspension, or revocation of the license *

Stephanie Jones
Center Director/Designee/Individual

YB not CCFI II
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

#45CDRM-7367
Broadmoor Weekday Preschool
1531 Highland Colony PKWY
Madison, MS 39110
601-898-4916

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Broadmoor Weekday Preschool License No. #7367 Date 08/21/2019

	Yes	No	N/A	
1.	☑	☐	☐	**Policies and procedures** ***(Parent's Handbook)*** {Rule 1.4.1}
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)}
3.	☑	☐	☐	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	☐	☑	☐	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} (one (1) new hire)
5.	☑	☐	☐	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	☑	☐	☐	Current alphabetical roster of children *(includes date of birth)* {Rule 1.6.3 (2)}
7.	☑	☐	☐	Current staff roster *(includes date of birth & date of hire)* {Rule 1.6.3 (3)} (TA - roster requested)
8.	☐	☐	☑	Monthly records of fire/disaster drills {Rule 1.6.3 (5)} (Program started 8/19/2019 – 14 days given)
9.	☐	☐	☑	**Medication record with date, time, signature for 90 days** {Rule 1.6.3 (6)}
10.	☐	☑	☐	Immunization Records for Children and Staff {Rule 1.6.3 (8)} (two (2) staff needed)
11.	☑	☐	☐	**Personnel records** *(attach employee's records form)* {Rule 1.6.4}
12.	☐	☐	☑	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	☑	☐	☐	**Children records** *(attach children's records form)* {Rule 1.6.7}
14.	☐	☐	☑	**Reports of serious occurences made as required** {Rule 1.7.1}
15.	☐	☐	☑	**Communicable diseases reported as required** {Rule 1.7.3}
16.	☐	☐	☑	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	☐	☐	☐	**Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)}
18.	☑	☐	☐	Age appropriate program of activities posted in each room {Subchapter 9}
19.	☐	☐	☑	Required toys present in infant room {Rule 1.10.1 (2)}
20.	☐	☐	☑	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	☑	☐	☐	Required toys present preschool room {Rule 1.10.1 (4)}
22.	☑	☐	☐	Licensed pest control contractor {Rule 1.11.14}
23.	☐	☐	☑	Pets present *(proof of immunization as required, signed by veterinarian)* {Rule 1.12.6}
24.	☑	☐	☐	**Appropriate discipline policy followed** {Subchapter 14}
25.	☑	☐	☐	**Appropriate transportation policy followed** {Subchapter 15}
26.	☐	☐	☑	Infant feeding schedules posted *(Appendix C, VII)*

Comments/Recommendations The facility will need to provide: The requested Form 12's for two (2) staff, verification of FBI LOS for one (1) staff, a current employee roster w/ birthdates and dates of hire, and current Fire Disaster Drills (One by 9/10/2019)

☑ Pass – Pending the requested documentation
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

Stephanie Jones
☐ Director ☐ Designee

NJ CCFI II
Child Care Representative

Food Service Facility Inspection Results

PIMS ID	Facility Name, A		Date
	#45CDRM-7367 Broadmoor Weekday Preschool 1531 Highland Colony PKWY Madison, MS 39110 601-898-4916		08/20/2019

CRITICAL VIOLATIONS

- No critical violations were observed during the inspection.
- This facility serves snack items only.
- Letter grade "A" rec'd

CORRECTION PLAN AND SCHEDULE

☐ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmental Code

Please Remit within 10 days to:

Mary McCoy
Certified Manager

Serv Safe
Licence Number

Exp. 10/14/2019
cert # 11602881

Facility Signature	Stephanie Jones
Environmentalist Signature	YB Mgr CCFI

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

#45CDRM-7367
Broadmoor Weekday Preschool
1531 Highland Colony PKWY
Madison, MS 39110
601-898-4916

Child Care Licensure Playground Checklist

Center Name Broadmoor Weekday Preschool #73607 Inspection Date 08/21/2019

YES	NO	N/A		
☑	☐	☐	1.	Playground fence less than 3 ½" 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)* Pour and Play Unitary Material
☑	☐	☐	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 1 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 *(CPSC5.3.6.4-5 pgs 34-3*
☑	☐	☐	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 6*
☑	☐	☐	15.	Is playground area clean & free of hazards? If not, state deficiency. Technical assistance provided regarding monitoring and supervision by staff while on the playground *(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 5*
☑	☐	☐	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. *(CPS 2.5.5, pg 15)*

Director Stephanie Jones Licensing Official _____

#45CDRM-7367
Broadmoor Weekday Preschool
1531 Highland Colony PKWY
Madison, MS 39110
601-898-4916

X Stephanie Jones
(YB) MT-CFI11

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review - Employee Records & Children's Records

Facility Broadmoor Weekday Preschool License No. 7367 Total Children 82 Total Personnel 17 Date 08/21/2019

★ – Please place these items in the facility file

– Please provide the following verification:
Penny Jones – FBI LOS

Employee's Name and Position	New Director's Orientation	Regulations	Playground Safety	Application for Employment	First Aid Exp. 8/15/2021	CPR	Tummy Safe/Food Manager	Qualifications	15 Contact Hours	Date of Employment, (Start Date)	Form No. 121	Suitability Letter	New Employee Orientation	Comments
Stephanie Jones Director	✓	✓	✓	✓	✓	✓	–	✓	15	★	✓	✓	★	Caroline Burton – Form 121 ✓ for cumpliance
Pam Winkle Director Designee	✓	★	✓	✓	✓	✓	–	✓	15	★	✓	✓	★	Angela Trippe – Form 121 ✓ for compliance
Wendy Richards	–	–	–	✓	✓	✓	–	✓	15	★	✓	✓	★	
Angela Chance	–	–	–	✓	✓	✓	–	✓	15	★	✓	✓	★	
Deedra Clapper	–	–	–	✓	✓	✓	–	✓	15	★	✓	✓	★	

Child's Name	Date of Birth	Home Address	Home Telephone Number	Parent's Name	Business Telephone Number	Date of Acceptance	Liability Insurance Notice	Special Needs Critical Info.	Pick Up and Drop Off List	Photography Authorization	Field Trip Authorization	Emergency Authorization	Record of Accidents	Immunization Form No. 121	Emergency Contacts	Comments
Hannah Barrage	✓	✓	✓	✓	✓	✓	✓	~~N/A~~	✓	✓	✓	✓	–	✓	✓	
William Derbort	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–	✓	✓	
David R. Raines	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–	✓	✓	
Westley Emmons	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–	✓	✓	
Hudson Bilen	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–	✓	✓	