



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Tishomingo Date 1/26/2021  
 Facility Name FBC Preschool License Number 2458  
 Purpose Mid-Year Capacity 30

## 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

	In	Out	COS	N/A
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.	LB / 3 yo / 13 / Caregivers #1, #2, #3
2.	
3.	
4.	
5.	
6.	
7.	

## 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

	In	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

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

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

	In	Out	COS	N/A
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	In	Out	COS	N/A
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual [Signature]

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Child Care Representative [Signature]

Form No. 28





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 1-26-2021

Name	<u>FBC Preschool</u>	License No.	<u>2458</u>
Address	<u>608 Main Street Belmont, MS 38827</u>		
<small>Center/Organization/Individual</small>			
Purpose	<u>Renewal</u>	Director	<u>Susan Bolding</u>
Mileage Start		Mileage End	
County	<u>Tishomingo</u>	Telephone No.	<u>662-454-3300</u>
Time In	<u>9:51</u>	Time Out	<u>12:25</u>
		Total Time	

Findings/Comments Here for a renewal inspection.  
Renewal application and renewal fees are to be submitted online at [www.healthyms.com](http://www.healthyms.com) by March 31, 2021. Fire form and menus have been provided to the facility. Fire form and menus must be submitted to Kristen Taylor at [KristenW.Taylor@msdh.ms.gov](mailto:KristenW.Taylor@msdh.ms.gov) by March 31, 2021.

The CCFI met with the director upon arrival.

- Kitchen received an "A"; no critical violations in kitchen
- Staff-to-child ratio in compliance
- Children 12ls were in compliance
- Staff Letter of Suitabilities in compliance
- Received copies of First Aid/CPR certifications
- Received copy of Tommy Safe certification

Subchapter 11: Buildings and Ground

Deficiency: Rule 1.11.1 (8) The ceiling, floor, and/or floor covering shall be properly installed, kept clean and in condition, and maintained in good repair.

Findings: Based on observations during walkthrough the ceiling was missing 2 tiles.

POC: The provider will have ceiling tiles replaced by Feb. 26th.

Susan Bolding  
 Center Director/Designee/Individual

Kimberly Clark  
 Child Care Representative  
Kristen Taylor

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter  
(Continuation)**

Date 1/26/2021

Facility Name FBC Preschool

License No. 2458

Subchapter 11: Buildings and Grounds

Deficiency: Rule 1.11.1 (2) All child care facility buildings shall meet all fire safety standards listed on MSDH Form #333 and all applicable local fire safety standards and/or ordinances.

Findings: Based on observations during walkthrough, CCFI observed smoke detector beeping.

POC: The provider will replace batteries in smoke detector by Tuesday, Feb. 2, 2021. — COS det

Subchapter 6: Records

Deficiency: Rule 1.6.3 (8) states in part.. "MSDH Form 121 for both staff and children at the facility."

Findings: Based on observations while reviewing records, Caregiver #3 needs shot record converted to 121.

POC: The provider will have Caregiver #3 contact local health department to have shot record converted to 121 by Tuesday, Feb 9, 2021. Send copy to CCFI. 16

[Signature]  
Center Director/Designee/Individual

[Signature]  
Child Care Representative  
Kristen Taylor

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 1/26/2021Facility Name FBC PreschoolLicense No. 2458

## Technical Assistance :

### • Subchapter 11 - Indoor Playground Area

Rule 1.11.10(10) states in part.. "children of the child care facility shall have priority use of the indoor playground area."

- Per Director children are not currently playing in gym due to stage.

(Rule 1.9.7 (6)) Half-day programs are only required to provide 30 mins of physical activity.

### \* Subchapter 11 - Indoor Playground Area

Rule 1.11.10 - Child care facilities licensed prior to July 1, 2009 that have been granted permission to have an indoor playground area in lieu of an outdoor playground area shall not be required to have an outdoor playground.

- Temporary license issued May 1, 1999.

- Gym is used as indoor playground

- Per child Care Survey ~~data~~ Data - Part 1 dated 11-4-98 and capacity worksheet dated 2/13/08.

Contact Hours due to CCFI by April 16, 2021.

(copy of each certificate earned)

\* Send copy of liability insurance to CCFI by Tuesday, Feb 2, 2021.

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

Dawn Collins  
Center Director/Designee/Individual

Kimberly Clark  
Child Care Representative  
Kristen Taylor

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Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name FBC PreschoolLicense No. 2458Date 1/26/2021

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

Comments/Recommendations \_\_\_\_\_

- ☒ Pass -  
 License to be issued: ☒ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

Child Care Representative

Mississippi State Department of Health  
 White Copy - Facility File  
 Yellow Copy - Operator

Revised 12-19-13

Form 289



# Food Service Facility Inspection Results

PIMS ID <b>2458</b>	Facility Name, Address <b>FBC Preschool 68 Main St. Belmont, MS 38827</b>	Date <b>1/26/2021</b>
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## CRITICAL VIOLATIONS

Kitchen received an "A"  
No critical violations  
in the kitchen

## CORRECTION PLAN AND SCHEDULE

<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 <b>KP2</b>
Please Remit within 10 days to:	

**Natalie Copeland**  
Certified Manager

**2458**  
Licence Number

Facility Signature <i>[Signature]</i>
Environmental Signature <i>[Signature]</i>

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



## Child Care Licensure Playground Checklist

Center Name FBC Preschool

Inspection Date 1-26-2021

YES NO N/A

- |                          |                          |                          |     |   |
|--------------------------|--------------------------|--------------------------|-----|---|
| <input 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 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 type="checkbox"/> | <input type="checkbox"/> | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)   |
| <input 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 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 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 type="checkbox"/> | <input type="checkbox"/> | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input 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 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 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)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg13)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency<br>(CPSC 5.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate<br>(Rule 1.10.2, pg 36)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Is playground area clean & free of hazards? If not, state deficiency.<br>(Rule 1.11.11 (1), pg 49)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)   |
| <input type="checkbox"/> | <input 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 type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)  |

Director

Luan Polking

Licensing Official Kimberly Clark, CCFI II

Kristen Taylor

-Playground is the gym - per Child Care Survey Re-de-Part I dated 11-4-18 and Capacity Worksheet dated 2-15-18