



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 4/8/22

Name	<u>First Baptist Day School</u>	License No.	<u>4961</u>
Address	<u>300 N Church St; Tupelo, Ms 38804</u>		
Purpose	<u>TA</u>	Director	<u>Christine Allred</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Lee</u>	Telephone No.	<u>662-718-0018</u>
Time In	<u>9:30</u>	Time Out	<u>—</u>
		Total Time	<u>—</u>

Findings/Comments Here to conduct Technical Assistance visit to measure classrooms that had been remodeled/renovated per facility request.

CCFI's measured rooms and updated max capacity worksheet. Max capacity worksheet was updated to include all current classrooms, sinks, toilets, playgrounds and kitchen.

Floor plan was updated, discussed and signed.

Facility max capacity will remain at 150 due to facility request to self-limit at 150

Forms 286 and 281 were also completed.

Playground 2 can only have 12 children at a time. This is a correction from previous max capacity worksheet.

Christine Allred
Center Director/Designee/Individual

Kristen Taylor
Child Care Representative
Mary Hampton
Revised 6-24-09

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Lee</u>	Date <u>4/8/22</u>
Facility Name <u>First Baptist Day School</u>	License Number <u>4441</u>
Purpose <u>TA</u>	Capacity <u>150</u>

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 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. _____	\$ _____

	Age/Child/Staff Name
1.	NO children in classrooms measured.
2.	
3.	
4.	
5.	
6.	
7.	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input 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 type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input 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 type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Christine Allred

Child Care Representative

Kristen Taylor
Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name First Baptist Day School Date 4/8/22
 Physical Address 300 N Church St; Tupelo, MS 38804
 Operator Christine Allred Daytime Telephone Number 662-718-0018
☐ Commercial Facility ☐ Occupied Residence Remodeled 2020 Year Building was constructed
 Total # of Floors 2 # of Floors Used for Child Care 1 # of Rooms 12 # of Rooms Used for Child Care _____
 Construction: Masonry _____ Brick X Frame X Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Three (3) compartment sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Mop sink. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Handwashing sink. Note – All sinks must have hot and cold water. |

C. Grounds

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved play area with fence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. All hazards including non-approved playground equipment removed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Playground equipment approved before installation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Playground completed before opening for business. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Safe arrival/departure areas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Soil tested for lead. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other _____ |

II. Furniture And Equipment**A. Furniture**

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

B. Equipment

- | In | Out | NA | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding – <input type="checkbox"/> cribs <input type="checkbox"/> cots <input type="checkbox"/> pads |

Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

- | In | Out | NA | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

IV. Recommendations

Christine Allred
Operator/Center/Daile

Kristen Taylor
Licensing Officer
Mary Hampton



FIRE PREVENTION BUREAU REPORT

106 JEFFERSON STREET • TUPELO, Ms 38804 • (662) 841-6439

THOMAS WALKER
CHIEF

BOOK # 001 PAGE # 033 OCCUPANT First Baptist Church Tupelo
ADDRESS 300 N. Church Street OWNER _____
PHONE # _____ EMERGENCY CONTACT _____

YOU ARE HEREBY REQUIRED TO CORRECT THE FOLLOWING VIOLATIONS ON OR BEFORE _____

YES	NO	N/A		YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A MINIMUM OF ONE 2A-10BC RATED FIRE EXTINGUISHER EACH 3,000 SQ. FT. FLOOR AREA NOT TO EXCEED 75' TRAVEL DISTANCE AND MUST BE INSTALLED MORE THAN 4" FROM FLOOR LEVEL BUT LESS THAN 60" AND UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FIRE PUMP - EMERGENCY GENERATORS ARE TESTED WEEKLY AND LOGGED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALL FIRE EXTINGUISHERS HAVE BEEN CHECKED AND TAGGED FOR PROPER MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXTENSION CORDS NOT EXCEEDING 6' IN LENGTH AND ALL ELECTRICAL WIRING ACCORDING TO N.E.C. PANELS CLEAR AND ACCESSIBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTOMATIC SPRINKLER SYSTEMS HAVE BEEN SERVICED WITH ONE YEAR AND VALVES ARE OPEN AND SUPERVISED. (CHAINED OR ELECTRICAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COOKING EQUIPMENT, VENT HOODS, FILTERS, AND DUCTS, FREE OF EXCESSIVE GREASE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLER/STANDPIPE F.D. CONNECTIONS ARE PROVIDED WITH CAPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AUTOMATIC SMOTHERING SYSTEMS PROTECTING COOKING SURFACES INSPECTED WITHIN 6 MONTHS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A MINIMUM OF 18" CLEARANCE PROVIDED BETWEEN TOP OF ANY STORAGE AND SPRINKLER HEADS OR ANY OVERHEAD OBSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MINIMUM OF K-TYPE FIRE EXTINGUISHER MOUNTED IN KITCHEN AREA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY LIGHTS TESTED AND WORKING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COMPRESSED GAS CYLINDERS SECURELY CHAINED OR STRAPPED IN VERTICAL POSITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXIT LIGHTS ILLUMINATED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO SMOKING SIGNS POSTED AND MAINTAINED AT ALL FUEL PUMP ISLANDS WITH A MINIMUM OF ONE 2-A20BC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DESIGNATED EXITS UNLOCKED AND CLEAR OF ANY OBSTRUCTIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMBUSTIBLE WASTE KEPT AT A MINIMUM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STAIRWELL DOORS EQUIPPED WITH SELF CLOSURES AND PROPER HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPROVED HOUSEKEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMOKE DETECTORS TESTED AND WORKING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDRESS POSTED ON STREET SIDE OF BUILDING WITH 6" MIN. HEIGHT NUMBERS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM SYSTEM NORMAL OPERATION				

NOTES: Temp. CO Phase 2 Tesco
Daycare Renovation

Final TBD

☐ FINAL APPROVAL

☒ TEMPORARY APPROVAL

☐ DISAPPROVE

FAILURE TO CORRECT HAZARDOUS CONDITIONS IS A VIOLATION OF CITY ORDINANCES.

REPORT RECEIVED BY Jed Moore

DATE 4-7-22

INSPECTOR # FD5 INSPECTOR Matthew Hilliard

DATE 4/7/22

City of Tupelo

PO Box 1485, Tupelo, MS 38802

Voice (662) 841-6510, Fax (662) 841-6550

E-Mail: permits@tupeloms.gov**CERTIFICATE OF OCCUPANCY
TEMPORARY COO****Occupant:** FIRST BAPTIST CHURCH PHASE 2**Address:** 300 N CHURCH ST**Parcel:** 089K3115500**Applicant Number:**

1816815

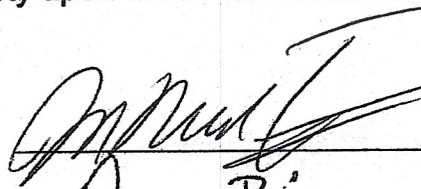
Owner: Name: CHURCH FIRST BAPTIST OF
TUPELO
Address: 300 N CHURCH ST
TUPELO, MS 38804
Phone: 662-842-1327**Approved Occupancy:****Issued:** 04/07/2022 **By:** TR**Expires:****Signature:***Donna Richardson*

This permit becomes null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended, or abandoned for a period of six months at any time after the work is started. The City of Tupelo Development Code Section 5.11.1 (a) states that "A building permit shall expire one year from the date of issuance. The permit may be renewed prior to expiration at no cost."

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or City law regulating construction or performance of construction nor does it nullify any private covenants, deed restrictions, or other restrictions running with the title to the property upon which construction is allowed.

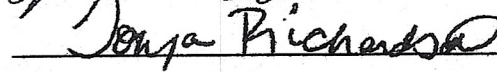
Date: 4-7-22

Applicant's
Signature:



Date: 4-7-22

Approval:



Kristen Taylor 4/8/22
 Mary S. Hampton 4/8/22
 Christine Albrecht 4/8/22

