

Emmanuel Child Care Center  
1109 Cooper Rd.  
Jackson, MS 39212  
Lic. 25C4RFA-3516 Ph: 601-371-2728  
Director: Loretta Wallace



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Hinds

Date 8.20.19

Facility Name \_\_\_\_\_ License Number \_\_\_\_\_

Purpose Midyear / TA Capacity 296

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.	Infant: 6: #2 caregivers
2.	K: 1: 0: 0
3.	K: 1: 13: #2 caregivers
4.	K: 4: 14: #1 caregiver
5.	K: 3: 12: #1 caregiver
6.	K: 4: 15: #1 caregiver
7.	K: 2: 19: #2 caregivers

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	<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>2</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Loretta Wallace

Child Care Representative Angela Green

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Director: Loretta Wallace



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Hinds</u>	Date <u>8.20.19</u>
Facility Name _____	License Number _____
Purpose <u>Mid-year / TA</u>	Capacity <u>296</u>

### All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input 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. _____	\$ _____

School

	Age/Child/Staff Name
1.	K.5. 12 #2 Caregivers
2.	K.5. 12 #1 Caregiver
3.	2nd. 19 #1 Caregiver
4.	3rd. 17 #1 Caregiver
5.	1st. 11. #1 Caregiver
6.	4th. 12. #1 Caregiver
7.	1st. 11. #1 Caregiver
	6th. 10. #1 Caregiver - 7th. #1
	5th. 12. #1 Caregiver 3. Caregiver
	8th. 4. #1 Caregiver
	9-10th. 2. #1 Caregiver

Center Director/Individual \_\_\_\_\_

### 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"/>
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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 \_\_\_\_\_)

Child Care Representative \_\_\_\_\_



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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Care Encounter

District 5

Date 8.20.19

Name _____	License No. _____	
Address _____	Center/Organization/Individual _____	
Purpose <u>Mid-year</u>	Director _____	
Mileage Start _____	Mileage End _____	
County <u>Hinds</u>	Telephone No. _____	
Time In <u>7:47 a.m.</u>	Time Out <u>10:01 a.m.</u>	Total Time _____

Findings/Comments Upon arrival the LO - Met with Valencia Wallace the designee, and Director Loretta Wallace.

The purpose of the visit is to conduct a midyear inspection and to provide technical assistance.

Subchapter: Appendix C: Nutritional Standards

Deficiency pg. 8  
Breast milk or formula shall be brought to the child care facility daily, ready to be warmed and fed. Each bottle shall be labeled with the infant's name and date. No cereal, juice or other foods may be added to the infant's breast milk / formula without a physician's written request, as done for a child with special needs. It was provided with facility on monitoring bottles as being brought in by parents each morning. And explaining to them that according to the regulation what the above statement says (Appendix C on Nutritional Standards.

Findings: LO - observed in the infant's classroom  
(1) One child's bottle with cereal.

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

Loretta H. Wallace  
Center Director/Designee/Individual

Azelda E. Elin  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

Emmanuel Child Care Center

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Director: Loretta Wallace



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter  
(Continuation)**Date 8.20.19

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?

2. Who will be responsible for monitoring violation from recurrence?

3. What is the date of completion?

The director stated that a letter head with per registration information would be sent out to parents to today's, and facility will call that parent to explain all information to her on nothing being added to her baby's bottle until a written statement from the doctor is brought to the facility, and sent to LO- to verify it as well before approval. All this will be done take place on today's visit August 20, 2019.

**HELPFUL HINTS:**

\*Vehicle Insurance expires on: 12.23.19

LO-received a copy of CPR First Aid class that was taken on 8.6.19. Facility will send LO-cards once sent to them.

*Loretta Wallace*  
Center Director/Designee/Individual

*Rebecca Allen*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



# Food Service Facility Inspection Results

PIMS ID	Facility Name	Date
	Emmanuel Child Care Center 1109 Cooper Rd. Jackson, MS 39212 Lic. 25C4RFA-3516 Ph: 601-371-2728	8.20.19

## CRITICAL VIOLATIONS

## ACTION PLAN AND SCHEDULE

<p>No critical violations on today's visit.</p> <p style="text-align: center;">A</p>	
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<input checked="" 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 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:	

Loretta Horton-Wallace / Turnkey Safe  
 Certified Manager      Licence Number  
 exp. 10.25.23

Facility Signature	<i>Loretta Horton-Wallace</i>
Environmental Signature	<i>Arlynn G. Smith</i>

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

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Infant

# Child Care Licensure Playground Checklist

Center Name \_\_\_\_\_

Inspection Date 8.20.19

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)
- ☒ ☐ ☐ 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 14, 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 \_\_\_\_\_ (CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 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 4 & CPSC 2.2.6, pg 6)
- ☐ ☒ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. Remove rust off fence. (Rule 1.11.11 (1), pg 6)
- ☒ ☐ ☐ 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. (CPSC 2.5.5, pg 15)

Director

Loretta Wallace

Licensing Official

Azelda

Ellie

Preschool

## Child Care Licensure Playground Checklist

Center Name \_\_\_\_\_

Inspection Date

8.20.19

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)



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 14, 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 (CPSC 5.3.6.4-5 pgs 34-35)



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 4 & CPSC 2.2.6, pg 6)



15.

Is playground area clean & free of hazards? If not, state deficiency. # See to CPaint play equipment (Rule 1.11.11 (1), pg 6)



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. (CPSC 2.5.5, pg 15)

Director

Loretta Wallace

Licensing Official

Azelda

Ellie