

#### MISSISSIPPI STATE DEPARTMENT OF HEALTH

## **Child Care Facility Inspection**

County_Lowndes Date_ 9-24-20						
Facility Name Emmanuel Christian Academy	y License Number#751	1				
Purpose Program renewal Car	pacity					
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities		Out	cos	<b>N/A</b>	
Qualified director present Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair	X				
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning Waste water system approved	Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, and functioning	XXXXX X				
and functioning Food service approved  Possible Monetary Penalty	Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to	XXXX				
1 Monetary Penalty \$	exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present				⊠ □x ⊠	
3 \$	Exits, doors and fastening devices single action approved and in good working order				$\Box$ ×	
Age/Child/Staff Name	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	×				
2.	First aid kits stocked and easily accessi					
3. 4.	Playground area clean, shaded, well drained and equipped and fence in goo repair	d 🔀				
5.	Playground equipment meets standards	· 🗆			abla	
	Pool area clean, fenced, and adequately maintained	у П		ם נ		
	Diaper changing stations adequate in number and each fully supplied (number)	×	! [	ַב, ב	) [	
enter Director/Individual	Child Care Representative	Mar	49	Yam	pton	

Mississippi State Department of Health



**Child Care Encounter** 

A	Cilia Care Elicountei	Date 09-24-20
District 4		Date
Name_Emmanuel Christian Ac	cademy License No	
Address 1315 15th Street , Colu	•	
	_	
Purpose Program renewal	Director_ Angela S	Salter
Mileage Start	Mileage End	
County_Lowndes	Telephone No	
Time In Time	e Out Total Time_	
Findings/Comments		
Upon arrival licensure met	with the director. Here to comp	lete a
program renewal.		
All documents recieved for	renewal process are approved	•
- Pomoining renoval informs	stion needed will be cent to lies	nouro
	ution needed will be sent to lice the Lowndes County Health De	
	the Lowindes County Health De	partificit.
Kitchen recieved an A.		
Playground had no violation	ns for virtual inspection.	
Class Land II violations ma	y result in a monetary penalty.	Reneated
violations could result in the	e doubling of the penalty, suspe	nsion or
revocation of the license.		
		WA

Page		of	
Lago	-	٠.	_



Facility Name	License No	
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
***************************************		
	<u> </u>	
		·
enter Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator



## **Child Care Program Review**

Facility Name Emma	nuel Christian Academy	#/511 License No	9-24-20 Date
Yes No N/A  1.	plicies and procedures (Parent's Handbook toof of Accident/Liability Insurance or docusurance is in effect {Rule 1.4.1 (i) & (j)} pproved arrival and departure procedures {I tetter of suitability for staff {Rule 1.5.2 & Rutendance records for children and staff {Rule turrent alphabetical roster of children (includurent staff roster (includes date of birth & fonthly records of fire/disaster drills {Rule fedication record with date, time, signature munication Records for Children and Staff tersonnel records (attach employee's records (attach employee's records (attach children's reco	k) {Rule 1.4.1}  Immentation that parent has been not Rule 1.4.1 (2)} Itule 1.6.4 (1) (f)} Itule 1.6.3 (1)} Itule 1.6.3 (1)} Itule 1.6.3 (1)} Itule 1.6.3 (5)} Itule 1.6.3 (5)} Itule 1.6.3 (8)} Itule 1.6.3 (8)} Itule 1.6.3 (8)} Itule 1.6.4} Itule 1.6.7} Itule 1.6.7} Itule 1.6.7} Itule 1.7.1} Itule 1.7.3} Itule 1.7.3} Itule 1.7.4} Itule 1.7.4} Itule 1.7.4} Itule 1.7.4 Itule 1.7.5 Itule 1.7.6 Itule 1.7.7 Itule 1.7	tified that no
24. XI	Appropriate discipline policy followed {Suppropriate transportation policy followen fant feeding schedules posted (Appendix Control of the co	ubchapter 14} d {Subchapter 15}	
☐ Pass –  License to be issued:  Fail  Follow-up within	ued: 🔎 Regular 🗆 Probational 🗖 Res		ary Hampton  are Representative



## Corrective Action Required: Yes Corrections required by (Date) \_\_\_\_\_

Food E	stablishment Insp	ectio	on Re	eport	Twee I had
Establishment Emmanuel Christian Acad	demy		Time in	· ImmungianA	molecus squi
Address 1315 15th Street .	City/State Columbus MS 39701	Zip	rector	Telephone	misel says em
License/Permit#	136-b (A <sub>0.7</sub> 109-b		it Holder TA VA		Risk Level
Circle designated compliance status (IN, OUT, N/O, N// IN = in compliance OUT = not in compliance N/O = not of		gradi	COS = co	Mark "X" in appropriate box for prected on-site during inspection	or COS and R R = repeat violation

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		cos	R	22		Complia	nce Stat	tus	COS
	Supervision	105-6	7	60			-1-0C a	Consumer Advisory	O
I NOUT	Person in charge present, demonstrates knowledge, and performs duties	137	1550	9	24	X OUT	N/A	Consumer advisory provided for raw or undercooked foods	
2 NOUT N/A	Manager certification		TUE					Highly Susceptible Populations	DANOJE
	Employee Health	Vien	mai	6	25	OUT	N/A	Pasteurized foods used; prohibited foods not	
3 X OUT	Management awareness; policy present	Zoo o						Offered Chemical	
4 IN OUT	Proper use of reporting, restriction & exclusion	7 (Z-C)				DI OVE	N/X		
	Good Hygienic Practices	7-102				IN OUT	N/A\	Food additives: approved and properly used	2
5 IN OUT N/X	Proper eating, tasting, drinking, or tobacco use	P(ari			27	MOUT		Toxic substances properly identified, stored, used	-8
6 IN OUT NO	No discharge from eyes, nose, and mouth	7 292			201	II. OVE	>7/A	Conformance with Approved Procedures	T.
* (1/4)	Preventing Contamination by Hands	7-202			28	IN OUT	XN/A	Compliance with variance, specialized process, and HACCP plan	100
7 IN OUT NO	Hands clean and properly washed	7:204			29	IN OUT	N/A	Risk control plan as required	10
8 IN OUT N/A N/O	No bare hand contact with ready-to-eat foods	7-204			H	V	N/A	Other Critical Factors	
9 XOUT	Adequate handwashing facilities supplied & accessible	2,305					Draver	ntative measures to control the introduction	
	Approved Source	7-208						nogens, chemicals and physical objects	
10 ПУСИТ	Food obtained from approved source	action 1					into fo		
II IN OUT N/A N/X	Food received at proper temperature	7-207	NETHITOS.		30	<b>X</b> OUT	-	Water and ice from approved source	1 1 1 1 1 1 1
12 IN OUT	Food in good condition, safe, and unadulterated	10207			31	NOUT		Insects, rodents, and animals not present	S . F
13 IN OUT N/A NX	Required records available: shellstock tags,	7-208			32	NOUT	N/A	Hot and cold water available; adequate pressure	
	Protection from Contamination	nem	otoi		33	TNO NT	N/A	Plumbing installed; proper backflow devices	
1-X	ALL DAMES OF THE PARTY OF THE P	3-502			34	TUOVK	N/A	Sewage and waste water properly disposed	
14 IN OUT N/A	Food separated and protected	200.0	Н		35	<b>X</b> OUT		Toilet facilities: properly constructed, supplied	
15 NOUT N/A	Food - contact surfaces: cleaned & sanitized	3-404	H		36	INOUT	N/A	Permit/Last inspection posted	
And the second s					Γ.	20	alten	9-24-20	lam
6 NYOUT	Proper disposition of returned, previously served, reconditioned, and unsafe food				L	Date		9-24-20	
	Potentially Hazardous Food (TCS food)				_	Parson i	n Char	rge (Signature)	
7 IN OUT N/A	Proper cooking time and temperatures	F- 100 M-1-0			r	CISOII I	II CIIai	ge (Signature)	
8 IN OUT N/M/N/O	Proper reheating procedures for hot holding				T	nspecto	r (Sign	nature) Mary Hampton	
9 POUT N/A N/O	Proper cooling time and temperature				1	пореси	i (Oigi	muit, fracy france	
IN OUT NA NO	Proper hot holding temperatures							stemends Wild I no male	
I IN OUT N/A	Proper cold holding temperatures							Staw -ags not tak mm	
2 JN OUT N/A N/O	Proper date marking and disposition	-							
10011111111	Time as a public health control: procedure & records		11111						

	Compliance Status			COS	R
		al-of-s	Consumer Advisory	10.0	_
24	X OUT	N/A	Consumer advisory provided for raw or undercooked foods		
5 K			Highly Susceptible Populations	DAADJE	Q.A
25	OUT	N/A	Pasteurized foods used; prohibited foods not offered		31
1			Chemical	ye e	
26	IN OUT	N/A	Food additives: approved and properly used	10 10	
27	KOUT		Toxic substances properly identified, stored, used		
			Conformance with Approved Procedures	11.55 4.56	_
28	IN OUT	XN/A	Compliance with variance, specialized process, and HACCP plan	3.2 11-6	
29	IN OUT	N/A	Risk control plan as required	10 to	100
	The second second	^	Other Critical Factors		
			ntative measures to control the introduction logens, chemicals and physical objects ods.	10 4 12 0 30-0 34-6	11
30	<b>X</b> OUT	· Van	Water and ice from approved source		-
31	MOUT	ensus.	Insects, rodents, and animals not present	19-E	
32	<b>IX</b> OUT	N/A	Hot and cold water available; adequate pressure	10 m	
33	TUO M	N/A	Plumbing installed; proper backflow devices		
34	TUOVE	N/A	Sewage and waste water properly disposed		
35	<b>I</b> VOUT		Toilet facilities: properly constructed, supplied		
	INOUT	N/A	Permit/Last inspection posted	1	1

Date 9-24-	20 runsiequis	nternal Cooking
Person in Charge (Sign	nature)	465 F ror 15 succession
Inspector (Signature)	Mary H	ampton

## **Food Service Facility Inspection Results**

PIMS ID	Facility Name, Address Emmanuel Christian Academy	Date 9-24-20
и.	1315 15th Street , Columbus MS 39701	9-24-20

CRITICAL VIO	LATIONS	CORRECTION PLAN	AND SCHEDULE
No Violations dur this site visit	ing		
A			
☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const.		TATA VAUGH Certified Manager	Serv Safe Licence Number
☐ 92080 No Inspection ☐ 92090 Restaurant Training Permit Date  Please Remit within 10 days to:	Environmentalist Code MH4	Facility Signature  Environmentalist Signature  White Copy - Facility Yellow Copy - PIMS Pink Copy- Environmentalist	ary Hampton

# Child Care Licensure Playground Checklist

Center Name Emmanuel Christian Academy Inspection Date 9-24-20					
VFS	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)	
X			2.	2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)	
		X	3.	Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)	
		<b></b>	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)	
		7	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)	
太			9.	Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC	
		□×	10.	3.4, 3.5, pg 16) 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  (CPSC5.3.6.4-5 pgs 34-35)	
		X	13.	Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)	
		X	14.	Is age-appropriate equipment being used? If not, state which pieces are inappropriate  (Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)	
$\Rightarrow$			15.	Is playground area clean & free of hazards? If not, state deficiency.  (Rule 1.11.11 (1), pg 61)	
×			16.	Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)	
$\overline{\mathbf{x}}$			17.	Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)	
		<b>K</b>	18.	Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)	
Director				Licensing Official Mary Hampton	

#### DISTRICT IV CHILD CARE WURKSHEET

DATE:	FACILITY:
CHILDREN WITH NO 121 (may not	CHILDREN WITH SHOTS DUF
return until valid 121 on file at facility)	(updated 121 due within 14 days)
N .	
`	
STAFF WITH NO 121 (may not return	STAFF WITH SHOTS DUE (updated 121
until valid 121 on file at facility)	due within 14 days)
STAFF WITH NO LETTER OF	** Staff without a valid LOS on file may not
SUITABILITY (LOS)	be left alone with children! **
PLEASE SEND A COPY OF 121'S WIT	U IN 14 WORKING DAVS OF THIS
INSPECTION DATE (Date listed at the	
( - 110 10 10 10 10 10 10 10 10 10 10 10 10	, , , , , , , , , , , , , , , , , , ,
PLEASE SEND A COPY OF LETTER C DAYS OF THIS INSPECTION DATE (D.	
CHILD CARE DIRECTOR	
CHILD CARE REPRESENTATIVE	