





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 4Date 09-24-20

Name <u>Emmanuel Christian Academy</u>	License No. _____
Address <u>1315 15th Street , Columbus MS 39701</u>	
Center/Organization/Individual	
Purpose <u>Program renewal</u>	Director <u>Angela Salter</u>
Mileage Start _____	Mileage End _____
County <u>Lowndes</u>	Telephone No. _____
Time In _____	Time Out _____
Total Time _____	

## Findings/Comments

Upon arrival licensure met with the director. Here to complete a program renewal.

All documents recieved for renewal process are approved.

Remaining renewal information needed will be sent to licensure via email or dropped off at the Lowndes County Health Department.

Kitchen recieved an A.

Playground had no violations for virtual inspection.

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

Center Director/Designee/Individual

Mary Hampton  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter (Continuation)

Date \_\_\_\_\_

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

Center Director/Designee/Individual Child Care Representative

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*Child Care Representative*

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





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Emmanuel Christian Academy License No. #7511 Date 9-24-20

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Personnel records (<i>attach employee's records form</i>)</b> {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"/>            | <b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}   |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Communicable diseases reported as required</b> {Rule 1.7.3}   |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/>            | <b>Staff present who hold valid CPR and First Aid Certification</b> {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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14}  |
| 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"/>            | <b>Appropriate discipline policy followed</b> {Subchapter 14}  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}  |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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

*Mary Hampton*  
Child Care Representative





## Food Establishment Inspection Report

Establishment Emmanuel Christian Academy		Time in	
Address 1315 15th Street	City/State Columbus MS 39701	Zip	Telephone
License/Permit#		Permit Holder TATA VAUGH	Risk Level 2

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection 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
<b>Supervision</b>		
1 <input checked="" type="checkbox"/> OUT Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> OUT N/A Manager certification		
<b>Employee Health</b>		
3 <input checked="" type="checkbox"/> OUT Management awareness; policy present		
4 <input checked="" type="checkbox"/> IN/OUT Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>		
5 IN OUT N/A Proper eating, tasting, drinking, or tobacco use		
6 IN OUT N/A No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
7 IN OUT N/A Hands clean and properly washed		
8 IN OUT N/A N/A No bare hand contact with ready-to-eat foods		
9 <input checked="" type="checkbox"/> OUT Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>		
10 <input checked="" type="checkbox"/> IN/OUT Food obtained from approved source		
11 IN OUT N/A N/A Food received at proper temperature		
12 IN OUT Food in good condition, safe, and unadulterated		
13 IN OUT N/A N/A Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>		
14 <input checked="" type="checkbox"/> IN/OUT N/A Food separated and protected		
15 <input checked="" type="checkbox"/> IN/OUT N/A Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="checkbox"/> IN/OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Potentially Hazardous Food (TCS food)</b>		
17 IN OUT N/A N/A Proper cooking time and temperatures		
18 IN OUT N/A N/A Proper reheating procedures for hot holding		
19 <input checked="" type="checkbox"/> IN/OUT N/A N/A Proper cooling time and temperature		
20 IN OUT N/A N/A Proper hot holding temperatures		
21 <input checked="" type="checkbox"/> IN/OUT N/A Proper cold holding temperatures		
22 IN OUT N/A N/A Proper date marking and disposition		
23 <input checked="" type="checkbox"/> IN/OUT N/A N/A Time as a public health control: procedure & records		

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 <input checked="" type="checkbox"/> OUT N/A Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
25 <input checked="" type="checkbox"/> OUT N/A Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>		
26 IN OUT N/A Food additives: approved and properly used		
27 <input checked="" type="checkbox"/> OUT Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>		
28 IN OUT N/A Compliance with variance, specialized process, and HACCP plan		
29 IN OUT N/A Risk control plan as required		
<b>Other Critical Factors</b>		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 <input checked="" type="checkbox"/> IN/OUT Water and ice from approved source		
31 <input checked="" type="checkbox"/> IN/OUT Insects, rodents, and animals not present		
32 <input checked="" type="checkbox"/> IN/OUT N/A Hot and cold water available; adequate pressure		
33 <input checked="" type="checkbox"/> IN/OUT N/A Plumbing installed; proper backflow devices		
34 <input checked="" type="checkbox"/> IN/OUT N/A Sewage and waste water properly disposed		
35 <input checked="" type="checkbox"/> IN/OUT Toilet facilities: properly constructed, supplied		
36 <input checked="" type="checkbox"/> IN/OUT N/A Permit/Last inspection posted		

Date 9-24-20

Person in Charge (Signature)

Inspector (Signature)

Mary Hampton

# Food Service Facility Inspection Results

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

## CORRECTION PLAN AND SCHEDULE

No Violations during  
this site visit

A

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmentalism Code

MH4

Please Remit within 10 days to:

TATA VAUGH

Certified Manager

Serv Safe

Licence Number

Facility Signature

Environmentalism Signature

*Mary Hampton*

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalism



# Child Care Licensure Playground Checklist

Center Name Emmanuel Christian Academy Inspection Date 9-24-20

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 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 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 \_\_\_\_\_ Licensing Official Mary Hampton

