



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 4Date 07-30-20

Name	<u>Emmanuel Christian Academy</u>		License No.	<u>#7511</u>
Address	<u>1315 15th Street , Columbus MS 39701</u>			
Purpose	<u>Program Renewal</u>			
Director	<u>Angela Salter</u>			
Mileage Start		Mileage End		
County	<u>Lowndes</u>	Telephone No.	<u>(662)327-3456</u>	
Time In	<u>9:00 am</u>	Time Out		
		Total Time		

## Findings/Comments

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

All documentation submitted for virtual inspection were in compliance.  
 Kitchen recieved an A.  
 Playground recieved no violations for this inspection.

Class I and II violations may result in a monetary penalty. Repeated violations may 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

## Child Care Encounter (Continuation)

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

Center Director/Designee/Individual	Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County <u>Lowndes</u>	Date <u>07-30-20</u>
Facility Name <u>Emmanuel Christian Academy</u>	License Number <u>#7511</u>
Purpose <u>Program Renewal</u>	Capacity <u></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 checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	
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 checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Children barred from kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual \_\_\_\_\_ Child Care Representative Mary Hampton



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Emmanuel Christian Academy License No. #7511 Date 07-30-20

- |     | 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 checked="" 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 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 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 checked="" 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 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



Corrective Action Required: Yes ~~No~~  
 Corrections required by (Date) \_\_\_\_\_

## Food Establishment Inspection Report

Establishment <b>Emmanuel Christian Academy</b>		Time in <b>9:00 am</b>	
Address <b>1315 15th Street ,</b>	City/State <b>Columbus MS 39701</b>	Zip	Telephone
License/Permit#		Permit Holder <b>TATA VAUGH</b>	Risk Level <b>2</b>

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

Compliance Status		COS	R
<b>Consumer Advisory</b>			
24 IN OUT <del>N/A</del>	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>			
25 IN OUT <del>N/A</del>	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>			
26 IN OUT <del>N/A</del>	Food additives: approved and properly used		
27 IN OUT	Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>			
28 IN OUT <del>N/A</del>	Compliance with variance, specialized process, and HACCP plan		
29 IN OUT <del>N/A</del>	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 <del>IN</del> <del>OUT</del>	Water and ice from approved source		
31 <del>IN</del> <del>OUT</del>	Insects, rodents, and animals not present		
32 <del>IN</del> <del>OUT</del> <del>N/A</del>	Hot and cold water available; adequate pressure		
33 <del>IN</del> <del>OUT</del> <del>N/A</del>	Plumbing installed; proper backflow devices		
34 <del>IN</del> <del>OUT</del> <del>N/A</del>	Sewage and waste water properly disposed		
35 <del>IN</del> <del>OUT</del>	Toilet facilities: properly constructed, supplied		
36 <del>IN</del> <del>OUT</del> <del>N/A</del>	Permit/Last inspection posted		

Date

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 07-30-20
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No Violations during  
this site visit

A

<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 MH4
Please Remit within 10 days to:	

TATA VAUGH

Certified Manager

Serv Safe

Licence Number

Facility Signature

Environmental Signature

*Mary Hampton*

White Copy - Facility

Yellow Copy - PIMS

Pink Copy- Environmentalist

# Child Care Licensure Playground Checklist

Center Name Emmanuel Christian Academy Inspection Date 07-30-20

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