



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4Date 7-30-20

Name	<u>St. Paul Episcopal</u>	License No.	<u>#2072</u>
Address	<u>318 College St, Columbus Ms</u>		
	<i>Center/Organization/Individual</i>		
Purpose	<u>Program renewal</u>	Director	<u>Lakyn Journey</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 received 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 received 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. _____

Handwritten notes area with multiple horizontal lines.

Center Director/Designee/Individual _____ Child Care Representative _____

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name St. Paul Episcopal License No. #2072 Date 7-30-20

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 & 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 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"/>	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 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



Food Establishment Inspection Report

Establishment St. Paul Episcopal		Time in	
Address 318 College St,	City/State Columbus Ms	Zip	Telephone
License/Permit#		Permit Holder Lorinda Guyness	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
Supervision		
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		
Employee Health		
3 <input checked="" type="checkbox"/> OUT Management awareness; policy present		
4 <input checked="" type="checkbox"/> OUT Proper use of reporting, restriction & exclusion		
Good Hygienic Practices		
5 IN OUT <input checked="" type="checkbox"/> O Proper eating, tasting, drinking, or tobacco use		
6 IN OUT <input checked="" type="checkbox"/> O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands		
7 IN OUT <input checked="" type="checkbox"/> O Hands clean and properly washed		
8 IN OUT N/A <input checked="" type="checkbox"/> O No bare hand contact with ready-to-eat foods		
9 <input checked="" type="checkbox"/> OUT Adequate handwashing facilities supplied & accessible		
Approved Source		
10 <input checked="" type="checkbox"/> OUT Food obtained from approved source		
11 IN OUT N/A <input checked="" type="checkbox"/> O Food received at proper temperature		
12 <input checked="" type="checkbox"/> OUT Food in good condition, safe, and unadulterated		
13 IN OUT N/A <input checked="" type="checkbox"/> O Required records available: shellstock tags, parasite destruction		
Protection from Contamination		
14 <input checked="" type="checkbox"/> OUT N/A Food separated and protected		
15 <input checked="" type="checkbox"/> OUT N/A Food - contact surfaces: cleaned & sanitized		
16 IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)		
17 IN OUT N/A <input checked="" type="checkbox"/> O Proper cooking time and temperatures		
18 IN OUT N/A <input checked="" type="checkbox"/> O Proper reheating procedures for hot holding		
19 <input checked="" type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> O Proper cooling time and temperature		
20 IN OUT N/A <input checked="" type="checkbox"/> O Proper hot holding temperatures		
21 IN <input checked="" type="checkbox"/> OUT N/A Proper cold holding temperatures		
22 <input checked="" type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> O Proper date marking and disposition		
23 <input checked="" type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> O Time as a public health control: procedure & records		

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

Date 7-30-20

Person in Charge (Signature)

Inspector (Signature)

Mary Hampton

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address St. Paul Episcopal 318 College St, Columbus Ms	Date 07-30-20
---------	--	-------------------------

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	Environmentalism Code MH4
Please Remit within 10 days to:	

Lakyn Journey
Certified Manager

Tummy Safe
Licence Number

Facility Signature
Environmentalism Signature <i>Mary Hampton</i>

White Copy - Facility
Yellow Copy - PIMS
Pink Copy- Environmentalism

Child Care Licensure Playground Checklist

Center Name St. Paul Episcopal Inspection Date 7-30-20

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

