

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

CountyLowndes	Date7-30-20
Facility NameSt. Paul Episcopal	License Number_ #2072
PurposeProgram renewalC	Capacity
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 In Out COS N/A In
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
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 Food service approved Possible Monetary Penalty	and functioning Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to
1 Monetary Penalty \$	exceed 120° Children barred from kitchen Vending machine snacks meet
3\$ 4\$	nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good working order
5	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers
Age/Child/Staff Name 1.	and thermometers placed properly and in good working order
).	Playground area clean, shaded, well drained and equipped and fence in good repair
	Playground equipment meets standards
4	Pool area clean, fenced, and adequately maintained
	Diaper changing stations adequate in number and each fully supplied (number)
enter Director/Individual	Child Care Representative Mary Hampton

Mississippi State Department of Health

12-10-08

Form No. 281



Child Care Encounter

District 4				Date	7-30-20
Name	St. Paul Episcopal	License No	#2072		
Address	318 College St, Columbus Ms Center/Organization/Individual				
		rganization/IndividualLakyn	Jurney		
Purpose	Program renewal	DirectorDirector	darricy		
Mileage Star		_ Mileage End			
County	lowndes	_ Telephone No			
Time In	Time Out	Tota	ıl Time		
Findings/C	omments				
	Upon arrival licensure met v	with the director. H	lere to co	mplete	e a
	program renewal.				
	All documents received for i	renewal process a	re appro	ved.	
	Remaining renewal informa	tion needed will h	e sent to	licensi	ıre
	via email or dropped off at t				
	·				
	Kitchen received an A.				
	Playground had no violation	ns for virtual inspe	ction.		
-		•			
	Class I and II violations may violations could result in the	/ result in a monet	iary pena	ity. Ke	peated
	revocation of the license	- doubling of the p	chaity, st	aspens	NOTI OI

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Mary Hampton
Child Care Representative

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Facility Name	License No	
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		·
enter Director/Designee/Individual	Child Care Representative	White Copy - Facility File Yellow Copy - Operator



Child Care Program Review #2072

Facil	ity N	ame .	St. I	Paul Episcopal License No. #2072 Date 7-30-20		
	Yes		N/A			
1.				Policies and procedures (Parent's Handbook) {Rule 1.4.1}		
2.	M			Proof of Accident/Liability Insurance or documentation that parent has been notified that no		
				surance is in effect {Rule 1.4.1 (i) & (j)}		
3.	Ø			proved arrival and departure procedures {Rule 1.4.1 (2)}		
4.	\mathbf{Z}			Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}		
5.	N N			tendance records for children and staff {Rule 1.6.3 (1)}		
6.	X.			Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}		
7.			×	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}		
8.	X			Monthly records of fire/disaster drills {Rule 1.6.3 (5)}		
9.			Ø	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}		
10	. Y			Immunization Records for Children and Staff {Rule 1.6.3 (8)}		
11	. ÓXÌ			Personnel records (attach employee's records form) {Rule 1.6.4}		
12	. 🗖		X	Volunteer records {Rule 1.6.5 & Rule 1.6.6}		
13	. 🞾			Children records (attach children's records form) {Rule 1.6.7}		
	. 🗅		X	Reports of serious occurences made as required {Rule 1.7.1}		
15	. 🗖		X	Communicable diseases reported as required {Rule 1.7.3}		
	. X		à	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}		
17	. ĝ			Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}		
18	. 🗟			Age appropriate program of activities posted in each room {Subchapter 9}		
	. 🕱			Required toys present in infant room {Rule 1.10.1 (2)}		
	. X			Required toys present in toddler room {Rule 1.10.1 (3)}		
21	. a		ū	Required toys present preschool room {Rule 1.10.1 (4)}		
22	8		V	Licensed pest control contractor {Rule 1.11.14}		
	. •		×	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}		
	×		â			
	·X			Appropriate transportation policy followed {Subchapter 15}		
			ā	Infant feeding schedules posted (Appendix C, VII)		
٦	• 🔫	_	_	man rooms from (II		
C	omn	nent	s/Re	commendations		
١	OHIL	ione	J/ 110			
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l –						
-	•					
<u> </u>						
	Pas					
	Lic	ense	to be	issued: X Regular □ Probational □ Restricted		
	Fai	1		Mary Hampton		
	Fol	low-	up wit	nin days		
				☐ Director ☐ Designee Child Care Representative		



Corrective Action Required: Yes No. Corrections required by (Date)

DEMARKET OF TIEALIN	ment Inspection Rea	minidata	the hou	3	
Food F	Establishment In	spection	on R	eport	
Establishment St. Paul Episcopal	Protection from Con		Time in	- ImportgianA	soler-sens
Address 318 College St,	City/State Columbus Ms	Zip	rest of	Telephone	miseri saya ems
License/Permit#	130-4 (A _d , (100-4)		it Holde orinda	Guyness	Risk Level
Circle designated compliance status (IN, OUT, N/O, N/IN = in compliance OUT = not in compliance N/O = not		post.	COS = co	Mark "X" in appropriate borrected on-site during inspection	x for COS and R on R = repeat violation
1 to 2 to		Tallicia C	710 /0 - U	and thou make the	TEN CALC

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.

1	Compliance Statu	S TEMPSO	cos	R
1	-	Supervision	MAE	1
1	Жоп	Person in charge present, demonstrates knowledge, and performs duties	A19/	128
2	NOUT N/A	Manager certification		100
		Employee Health	Visal	5034
3	i)Kout	Management awareness; policy present	1000	
4	NYOUT	Proper use of reporting, restriction & exclusion	175-27	
		Good Hygienic Practices	7-102	
5	IN OUT WO	Proper eating, tasting, drinking, or tobacco use	Mari mari	
6	IN OUT NO	No discharge from eyes, nose, and mouth	7 295	
	2, 575	Preventing Contamination by Hands	7-202	_
7	IN OUT N/Q	Hands clean and properly washed	7:204	
8	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods	7-204	
9		Adequate handwashing facilities supplied & accessible	7.20A	
		Approved Source	7-208	
10)XOUT	Food obtained from approved source	OUTS A	
11	IN OUT N/A NX	Food received at proper temperature	7-207	10027611
12	W OUT	Food in good condition, safe, and unadulterated	10201	
13	IN OUT N/A NXO	Required records available: shellstock tags, parasite destruction	7-209	
		Protection from Contamination	nam	ph
14	NOUT N/A	Food separated and protected	3-502	
15	OUT N/A	Food - contact surfaces: cleaned & sanitized	3-404	
	mary	DAM BIR BOTT OF THE BEST OF TH	8-103	
16	INOUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
		Potentially Hazardous Food (TCS food)		
17	IN OUT N/A N/Q	Proper cooking time and temperatures	No. of the contract of	
-	IN OUT N/A N/O	Proper reheating procedures for hot holding		
200	SON OUT N/A N/O	Proper cooling time and temperature		-
	IN OUT N/A NO	Proper hot holding temperatures		
+	INOUT N/A	Proper cold holding temperatures		
-	NYOUT N/A N/O	Proper date marking and disposition	-	
	NYOUT N/A N/O	Time as a public health control: procedure & records	-	

	Compliance Status				R
		al and a	Consumer Advisory	10.0	_
24	NOUT	N/A	Consumer advisory provided for raw or undercooked foods		
			Highly Susceptible Populations	DANDR	Sel
25	XV OUT	N/A	Pasteurized foods used; prohibited foods not offered		7
1			Chemical	ye e	_
26	TUON	N/A	Food additives: approved and properly used	10 10	
27	TUOUT		Toxic substances properly identified, stored, used		
	Villa I		Conformance with Approved Procedures	75	
28	IN OUT	N/X	Compliance with variance, specialized process, and HACCP plan	3.20 200	
29	INOUT	NA	Risk control plan as required	10 to	2 7.0
	-		Other Critical Factors		
		140	ntative measures to control the introduction logens, chemicals and physical objects ods.	10 8 10 0 10 0 10 0 10 0	2
30	ж ост		Water and ice from approved source		
31	Ж OUT	SHOOTS.	Insects, rodents, and animals not present	194E	
32	MOUT	N/A	Hot and cold water available; adequate pressure	JE-6	
33	X OUT	N/A	Plumbing installed; proper backflow devices		
34	MOUT	N/A	Sewage and waste water properly disposed		
35	X OUT		Toilet facilities: properly constructed, supplied		
36	IN OUT	N/A	Permit/Last inspection posted		

Date	7-30-20 ms equal provide 3 lames	
Person in	Charge (Signature)	81
Inspector	Signature) Mary Hampton	11

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Food Service Facility Inspection Results

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

CRITICAL VIO	LATIONS	CORRECTION PLAN AND SCHEDULE
No Violations durir this site visit	ng	
A		
☐ 92020 Scheduled	≥ 2010 Permit No Charge	Lakyn Jurney ———————————————————————————————————
☐ 92030 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	Facility Signature
Permit Date Environmentalist Code MH4 Please Remit within 10 days to:		Environmentalist Signature Wary Hampton White Copy - Facility
		Yellow Copy - PIMS Pink Copy- Environmentalist

Child Care Licensure Playground Checklist

Center Name			St. Paul Episcopal	Inspection Date 7-30-20	
YES	NO	N/A	1.	no gaps? (Rule 1.11.9 (8), pg 60)	rom surface. (Rule 1.11.9 (8), pg 60) In good repair, with
X			2.	2 entrances/exits, with one being r	emote from the building? (Rule 1.11.9 (8), pg 60)
X			3.	Is surfacing adequate? If not, when	re is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
		X	4.		res inaccessible? (Rule 1.11.9 (5), pg 59)
又	□ [;]	. 🗆	5.	No standing water present on play (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.	ground or in/on playground equipment or walkways?
×			6.	Toys & equipment in good repair?	(none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
\Box X			7.	Sidewalks provide smooth walking	g surface? (no trip hazards) (CPSC 3.6, pg 16-17)
X			8.	All bolts on equipment & fence < twists/wires facing away from the	threads beyond the nut? Are all bolts and fencing playground area? (Rule 1.11.9 (5), pg 59)
冱			9.	Tree limbs at least 7ft. above play 3.4, 3.5, pg 16)	surfaces? Is fence free of brush/overgrowth? (CPSC
×			10.	Are use zones adequate? If not, when the same adequate?	nere 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)
X			12.	If slide is present, is exit height/ex	2.5.2, pg 1 & 5.3.8.1, pg 37) it zone adequate? If not, state deficiency (CPSC5.3.6.4-5 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 bein	g 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	
X			16.	Is adequate shade present on the p	layground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
□X			17.		ast 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
Χ□			18.	2.5.5, pg 15)	provided that wood has been properly treated. (CPSC)
Director				Licencin	a 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	