



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 8/9/19

Name	<u>Emmanuel's Christian Academy</u>		Application License No.	<u>20190225000089</u>
Address	<u>1315 15th Street South, Columbus, MS 39702</u>			
Purpose	<u>Initial Inspection</u>	Director	<u>Angela Sutter</u>	
Mileage Start	<u>0</u>	Mileage End		
County	<u>Lauderdale</u>	Telephone No.	<u>662-327-3456</u>	
Time In	<u>10:00</u>	Time Out	<u>11:39</u>	Total Time

Findings/Comments Here to conduct an initial inspection.

Facility maximum capacity form 28 pages 1-2 max capacity (45) self limit due to sinks. Proposed plan to add two hand washing sinks to increase by final inspection. Floor plan labeled and signed by parties present.

Building date requires lead hazard screen - Date provided (1963) Will send MDEQ information.

Facility Data Worksheet - Complete all required items marked "Out" by final inspection. Please review form 286 pg. 1-2.

Please submit Fire Survey form 333.

Rec'd letter of Suitability for director, Form 122 & Water Billing Statement.

Please submit Transportation Policy, Emergency Transportation, Letters of Suitability for staff & Immunization for staff.

Please contact licensing official when ready for final inspection. Child Care Questionnaire was provided to Mrs. Sutter at the out conference.

"Class I & II violations may result in a monetary penalty. Repeat violations may result in the doubling of the monetary penalty, suspension or revocation of the license."

Angela Sutter
Center Director/Designee/Individual

Pauline Zeigler
Child Care Representative
Thelma Shoggy

White Copy - Facility File
Yellow Copy - Operator



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Child Care Facility Data Sheet

Facility Name	<u>Emmanuel's Christian Academy</u>		Date	<u>8/19/2014</u>
Physical Address	<u>1315 15th Street S. Columbus, MS 39202</u>			
Operator	<u>Victor Satter</u>	Daytime Telephone Number	<u>662-327-3456</u>	
<input checked="" type="checkbox"/> Commercial Facility	<input type="checkbox"/> Occupied Residence	<u>1963</u>	Year Building was constructed	
Total # of Floors	<u>1</u>	# of Floors Used for Child Care	<u>1</u>	# of Rooms <u>6</u> # of Rooms Used for Child Care <u>6</u>
Construction: Masonry	<input checked="" type="checkbox"/> Brick	Frame	Metal	Other

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

In Out NA

- ☒ ☒ ☒ 1. Adequate refrigeration with thermometer.
☒ ☒ ☒ 2. Adequate cooking appliances (stoves/microwaves/ovens)
 Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
☒ ☒ ☒ 3. Approved stove hood, vented to outside per fire codes.
☒ ☒ ☒ 4. Separate freezer when 50+ children are served.
☒ ☒ ☒ 5. Approved dishwasher.
☒ ☒ ☒ 6. Three (3) compartment sink.
☒ ☒ ☒ 7. Food preparation sink.
☒ ☒ ☒ 8. Mop sink.
☒ ☒ ☒ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☒ ☒ ☒ 1. Approved play area with fence.
☒ ☒ ☒ 2. All hazards including non-approved playground equipment removed.
☒ ☒ ☒ 3. Playground equipment approved before installation.
☒ ☒ ☒ 4. Playground completed before opening for business.
☒ ☒ ☒ 5. Safe arrival/departure areas.
☒ ☒ ☒ 6. Soil tested for lead.
☒ ☒ ☒ 7. Other

II. Furniture And Equipment**A. Furniture**

In Out NA

- ☒ ☒ ☒ 1. Appropriate
☒ ☒ ☒ 2. Child size
☒ ☒ ☒ 3. Adequate number

B. Equipment

In Out NA

- ☒ ☒ ☒ 1. Approved location of laundry equipment
☒ ☒ ☒ 2. Recommended toys appropriate for ages of children are available.
☒ ☒ ☒ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☒ ☒ ☒ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations

Angel Dabbs
Operator/Center/Date

Debra Zeeb
Licensing Officer