



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County JacksonDate July 18, 19Facility Name Jacks? Dell Preschool & DC License Number 1580Purpose Renewal Capacity 135**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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room and playground capacity met    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Center capacity met                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| License/complaint visible           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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. <u>0</u> | \$ <u>0</u>      |
| 2. <u>0</u> | \$ <u>0</u>      |
| 3. <u>1</u> | \$ <u>1</u>      |
| 4. <u>1</u> | \$ <u>1</u>      |
| 5. <u>1</u> | \$ <u>1</u>      |

|    | Age/Child/Staff Name |
|----|----------------------|
| 1. | <u>Korn 277</u>      |
| 2. |                      |
| 3. |                      |
| 4. |                      |
| 5. |                      |
| 6. |                      |
| 7. |                      |

**Other Items - Must be corrected**

|  | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Children's belongings separated/stored | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hot water at all sinks, not to exceed 120°  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Children barred from kitchen  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 <u>1</u> )  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Center Director/Individual Shelly KypciChild Care Representative Anna R. Waller



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 9Date July 18, 18

|   |                                   |
|---|-----------------------------------|
| Name <u>Jack &amp; Jill Preschool &amp; Daycare</u> | License No. <u>1580</u>           |
| Address <u>5101 Ballpark Rd. Vancleave 39565</u>    |                                   |
| Center/Organization/Individual                      |                                   |
| Purpose <u>Renewal</u>                              | Director <u>See Bowdy</u>         |
| Mileage Start _____                                 | Mileage End _____                 |
| County <u>Jackson</u>                               | Telephone No. <u>228-826-5713</u> |
| Time In <u>11:10</u>                                | Time Out <u>1:00</u>              |
| Total Time _____                                    |                                   |

## Findings/Comments

Playground - T.A. provided on Appendix B  
Surfacing.

Bulldozing -

T.A. provided on - Rule 1.9.6(4) T.V. viewing, including  
video tapes is not allowed for children under  
the age of two

Kitchen - 'A'

Staff Records - in compliance

Children Record - in compliance

TA provided Rule 1.6.3(8)

For Renewal

1) fire surrog

2) Staff Contact hours

3) 2 week speech menu

7 Send to me

4) fee

5) Application

7 online

Shelly Hupel  
Center Director/Designee/Individual

Renee L. Walter  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Jack & Jill Preschool & PC License No. 1580 Date July 18, 13

|     | 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Medication record with date, time, signature for 90 days</b> {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"/>            | <b>Personnel records</b> ( <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"/>            | <b>Children records</b> ( <i>attach children's records form</i> ) {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 type="checkbox"/>            | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input checked="" 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

*Shelly Neal*  
☒ Director ☐ Designee

*Anna G. Walker*  
 Child Care Representative

# Child Care License Playground Checklist


|  |                                     |  |  |
|--|-------------------------------------|--|--|
| Center Name <u>Grace &amp; Quill Preschool &amp; Daycare</u> |                                     | Inspection Date <u>7-18-17</u>             |  |
| YES NO N/A   |                                     |  |  |
| 1.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                  |
| 2.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)   |
| 3.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)  |
| 4.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)  |
| 5.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2-5, pg 10)   |
| 6.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)  |
| 7.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)  |
| 8.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | 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 47) |
| 9.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)  |
| 10.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)   |
| 11.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>        | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg13)   |
| 12.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 34-35)  |
| 13.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>        | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| 14.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)   |
| 15.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)  |
| 16.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)  |
| 17.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)  |
| 18.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)   |
| Director <u>Shelly Vayic</u>                                 |                                     | Licensing Official <u>Ann &amp; Wilson</u> |  |

# Food Service Facility Inspection Results

|                        |  |                        |
|------------------------|--|------------------------|
| PIMS ID<br><i>1580</i> | Facility Name, Address<br><i>Jack + Jill Preschool + Daycare</i> | Date<br><i>7-13-18</i> |
|------------------------|--|------------------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

|  |  |
|--|--|
|  | <i>No Violations Observed</i><br> |
|--|--|

|   |   |
|---|---|
| <input type="checkbox"/> 92020 Scheduled<br><input type="checkbox"/> 92030 Followup<br><input type="checkbox"/> 92040 Complaint<br><input type="checkbox"/> 92050 Consultation<br><input type="checkbox"/> 92070 Plan Review/Const.<br><input type="checkbox"/> 92080 No Inspection<br><input type="checkbox"/> 92090 Restaurant Training | <input checked="" type="checkbox"/> 92010 Permit No Charge<br><input type="checkbox"/> 92015 Permit 1 \$30.00<br><input type="checkbox"/> 92011 Permit 2 \$100.00<br><input type="checkbox"/> 92012 Permit 3 \$150.00<br><input type="checkbox"/> 92013 Permit 4 \$200.00 |
| Permit Date<br><i>9-30-18</i>   | Environmental Code<br><i>A019</i>   |
| Please Remit within 10 days to:   |   |

*Robin Seay*  
Certified Manager

*Theresa Seay*  
Licence Number  
*exp 8-2-21*

|  |
|--|
| Facility Signature<br><i>Shelly May</i>        |
| Environmental Signature<br><i>Anna DePalma</i> |

White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy - Environmentalist