



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Jack & Jill of Vanalona License No. 1580 Date 9-1-20

- | | Yes | No | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Policies and procedures (<i>Parent's Handbook</i>) {Rule 1.4.1} |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 & date of hire</i>) {Rule 1.6.3 (3)} |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)} |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Children records (<i>attach children's records form</i>) {Rule 1.6.7} |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate discipline policy followed {Subchapter 14} |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {Subchapter 15} |
| 26. | <input 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 ☐ DesigneeVirtual Inspection

Anna A. Walker
Child Care Representative

Child Care Encounter

Date Sept. 1, 20

Findings/Comments

A Virtual Inspection was conducted due to COVID-19

Anna J. Wallen
Child Care Representative

Form No. 287



Food Establishment Inspection Report

Establishment <i>Jack & Jill of Vance</i>		Time in	
Address <i>514 Ballpark Rd.</i>		City/State <i>Vance</i>	Telephone <i>228-826-5713</i>
License/Permit# <i>1580</i>	Permit Holder <i>Dee Dewdy</i>	Risk Level	

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 IN OUT		
2 IN OUT N/A		
Employee Health		
3 IN OUT		
4 IN OUT		
Good Hygienic Practices		
5 IN OUT N/O		
6 IN OUT N/O		
Preventing Contamination by Hands		
7 IN OUT N/O		
8 IN OUT N/A N/O		
9 IN OUT		
Approved Source		
10 IN OUT		
11 IN OUT N/A N/O		
12 IN OUT		
13 IN OUT N/A N/O		
Protection from Contamination		
14 IN OUT N/A		
15 IN OUT N/A		
16 IN OUT		
Potentially Hazardous Food (TCS food)		
17 IN OUT N/A N/O		
18 IN OUT N/A N/O		
19 IN OUT N/A N/O		
20 IN OUT N/A N/O		
21 IN OUT N/A		
22 IN OUT N/A N/O		
23 IN OUT N/A N/O		

Compliance Status	COS	R
Consumer Advisory		
24 IN OUT N/A		
Highly Susceptible Populations		
25 IN OUT N/A		
Chemical		
26 IN OUT N/A		
27 IN OUT		
Conformance with Approved Procedures		
28 IN OUT N/A		
29 IN OUT N/A		
Other Critical Factors		
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.		
30 IN OUT		
31 IN OUT		
32 IN OUT N/A		
33 IN OUT N/A		
34 IN OUT N/A		
35 IN OUT		
36 IN OUT N/A		

Date	<i>Sept. 1, 2020</i>
Person in Charge (Signature)	<i>Virtual Inspector</i>
Inspector (Signature)	<i>Anna A. Walker</i>

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgement from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Shelley Vugovich (name), serve in the capacity of owner, director, or director designee of Jack & Jill Preschool (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Shelley Vugovich
Director Signature

9-18-20
Date of Signature