

## MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Facility Inspection

County Jackson	County Date Sept. 1, 2020				
Facility Name Qackser	~	License Number 15 8	70		
Purpose Renewal	Ca	pacity 135			
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out	COS	<b>N/A</b>
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 Lighting approved	<b>D</b> / D		
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning		Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,			
Waste water system approved and functioning Food service approved  Possible Monetary Penalty		and functioning  Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly			
2	Monetary Penalty \$	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present			
3	\$\$	Exits, doors and fastening devices single action approved and in good working order	@		
5	3 7415	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order			
2 3	2 1/12	First aid kits stocked and easily accessib	ole 🗗 🛘		
4.	yn	drained and equipped and fence in good repair	<b>d</b>		
<ul><li>5.</li><li>6.</li></ul>	facti	Playground equipment meets standards  Pool area clean, fenced, and adequately maintained			
7. Cen	THE WIJMAA	Diaper changing stations adequate in number and each fully supplied (number)			J.J. J.



### MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review
Facility Name Jack & Dill of Van License No. 1580 Date 9-620

	Yes	No	N/A
1.			Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.			Proof of Accident/Liability Insurance or documentation that parent has been notified that no
3.		П	insurance is in effect {Rule 1.4.1 (i) & (j)}
4.	J ()		Approved arrival and departure procedures {Rule 1.4.1 (2)}
5.		]	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
6.	ū	0	Attendance records for children and staff {Rule 1.6.3 (1)}  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 (2)}
8.			Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.			Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
			Immunization Records for Children and Staff (Rule 1.6.3 (8))
11.			Personnel records (attach employee's records form) {Rule 1.6.4}
12.			Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.			Children records (attach children's records form) {Rule 1.6.7}
	4		Reports of serious occurences made as required {Rule 1.7.1}
15.			Communicable diseases reported as required {Rule 1.7.3}
	9		Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  Staff present who hold valid CPR and First Aid Certification (Rule 1.8.1 (4) & (5))
	<b>□</b>		1 The state of the first find Coldination (Rule 1.0.1 (4) (2.13))
		0	Age appropriate program of activities posted in each room {Subchapter 9}  Required toys present in infant room {Rule 1.10.1 (2)}
	$\bar{a}$	<u> </u>	Required toys present in infant from {Rule 1.10.1 (2)}  Required toys present in toddler room {Rule 1.10.1 (3)}
	2		Required toys present in todaler room {Rule 1.10.1 (3)}  Required toys present preschool room {Rule 1.10.1 (4)}
22.	3		Licensed pest control contractor {Rule 1.11.14}
23.			Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.			Appropriate discipline policy followed {Subchapter 14}
25.			Appropriate transportation policy followed {Subchapter 15}
26.			☐ Infant feeding schedules posted (Appendix C, VII)
Co	mme	ents/	Recommendations
-			
-			
	,		
	Pass		
		ise to	be issued: Regular Probational Restricted
	Fail		2/12/20 11/10
	rollo	w-up	within days Urtual Dropection Unner of hallon
	į.		☐ Director ☐ Designee Child Care Representative



### **Child Care Encounter**

District_9	-				ept. 1,20
Name Jack & Dill of 2	Tancleave	License No. 158	0		
Name Gack : Gill of 2 Address 5/01 Balepar	k Rc. Vanc Center/Organization	leave 395	65		
Purpose Renewal	Di	rector Dee Octur	y/Sh	ally E	Tuzonich
Mileage Start	Milea	ge End			
County Jackson	Telepl	hone No. 228 - 82	6.571	3	-
Time In	Time Out	Total Tim	e		
Findings/Comments					
a Virtual Insper	lun war	Conducted	due	to	COVF0-19
* ,5) 					
N .					
7.11					
- CHICANO					
Urtual Anspetten Center Director/Designee/Individual	anna O Child Care Repr	P Walley esentative	Wh Yell	ite Copy ow Copy	- Facility File - Operator



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

Food Establishment Insp	ection Report	
Establishment  Oack ? Dill of Vancheave  Address City/State	Time in	
Address City/State 5/0 Ballpuk Rd. Vancleave	Zip Telephone 39565 228-826-	5713
License/Permit# 1580	Permit Holder  Pee Dewdy	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 COS = corrected on-site during insp	

#### 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
	- 3	Supervision	F Www	1
1	<b>₩</b> 0 <b>)</b> лт	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A	Manager certification		
		Employee Health	2.7	
3	IN DUT	Management awareness; policy present		
1	IN DUT	Proper use of reporting, restriction & exclusion		
	<i>C</i> \	Good Hygienic Practices		
5	IN UT N/O	Proper eating, tasting, drinking, or tobaccouse		
6	IN OUT N/O	No discharge from eyes, nose, and mout		
		Preventing Contamination by Hands		
6	O'N TUO ME	Hands clean and properly washed		
X	OUT N/A N/O	No bare hand contact with ready-to eat foods		
9	INOUT	Adequate handwashing facilities supplied & accessible		
7		Approved Source	AUTON	
o(	INOUT	Food obtained from approved source	L S	
ı	IN OUT N/A MO)	Food received at proper temperature		
2	INOUT	Food in good condition, safe, and unadulterated		
3	O/N (A/N)TUO NI	Required records available: shell-tock tags, parasite destruction		
		Protection from Contamination		
4	IN OUT N/A	Food separated and protected		
5	OUT N/A	Food - contact surfaces cleaned & sanitized		
16	TNOUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
		Potentially Hazardous Food (TCS food)		
7	IN OUT N/A (V/O)	Proper cooking time and temperatures		
8	IN OUT N/A	Proper reheating procedures for hot holding		
9	IN OUT N/A(N/O)	Proper cooling time and temperature		
20	IN OUT N/A	Proper hot holding temperatures		
(	INDUT N/A	Proper cold holding temperatures		
22	IN DUT N/A N/O	Proper date marking and disposition		
-	IN OUT N/A N/O	Time as a public health control: procedure & records		

	Compliance Stat	us	COS	R
ä		Consumer Advisory		_
24	IN OUT (I/A)	Consumer advisory provided for raw or undercooked foods		
		Highly Susceptible Populations		
35	IN DEJT (A)	Pasteurized foods used; prohibited foods not offered		
Ų,		Chemical		
26	INOUT WA	Food additives: approved and properly used		
27(	ingli	oxic substances properly identified, stored, used		
	- Daystell	Conformance with Approved Procedures		
28	IN OUT (N/A)	Compliance with variance, specialized process, and HACCP plan		
29	IN OUT	Risk control plan as required		
Г	Valle	Other Critical Factors	The second	
		native measures to control the introduction nogens, chemicals and physical objects ods.		
30	INDUT	Water and ice from approved source		
	TUEN	Insects, rodents, and animals not present		
31				
-	IN UT N/A	Hot and cold water available; adequate pressure		Ţ
32	IN DUT N/A	Hot and cold water available; adequate pressure  Plumbing installed, proper backflow devices		
33		The state of the s		
32 33 34	IN DUT N/A	Plumbing installed, proper backflow devices		

Date Sept. 1, 2020	
Person in Charge (Signature) Virtual Ansneile	
Inspector (Signature) June A. Walter	

#### 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 wh conducting any type of inspection.	ile
I, Shelley Jugovich (name), serve in the capacity of owner, director, or director designee of Jack Juli Preschoul (center name). I acknowledge that I w 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.	r 'as -

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.

Sheller Vaywel
Director Signature

9-18-20
Date of Signature