



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Jackson Date Jan 15 2011

Facility Name Jack & Jill of Vancleave License Number 1580

Purpose Jan mid-year 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>0</u> | \$ <u>0</u>      |
| 4. <u>0</u> | \$ <u>0</u>      |
| 5. <u>0</u> | \$ <u>0</u>      |

|    | Age/Child/Staff Name        |
|----|-----------------------------|
| 1. | <u>CO. 25</u> 7 3 yrs       |
| 2. | <u>[redacted]</u> 8 2 yrs   |
| 3. | <u>[redacted]</u> 7 1 yr    |
| 4. | <u>[redacted]</u> 4 1 yr    |
| 5. | <u>[redacted]</u> 2 Infants |
| 6. | <u>[redacted]</u> 9 4-5 yrs |
| 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>    </u> )   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Center Director/Individual Shelly VigneaChild Care Representative [Signature]



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## Child Care Encounter

District 9Date Jan. 15.21

|   |  |
|---|--|
| Name <u>Jackie Hill of Vancleave</u>  | License No. <u>1586</u>                      |
| Address <u>5101 Ballpark Rd Vancleave</u><br>Center/Organization/Individual |  |
| Purpose <u>Mid-year</u>   | Director <u>See Bowdy / Shelly Vignonech</u> |
| Mileage Start _____   | Mileage End _____                            |
| County <u>Jackson</u>   | Telephone No. <u>228-826-5713</u>            |
| Time In <u>11:45</u>  | Time Out _____ Total Time _____              |

## Findings/Comments

Kitchen "A"Staff's 121's & AOS's in complianceChildren's 121's in compliancePlayground - NO Violation ObservedBuilding - NO Violation Observed

Shelly Vignonech  
Center Director/Designee/Individual

Anna Shultz  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

|                 |  |                 |
|-----------------|--|-----------------|
| PIMS ID<br>1530 | Facility Name, Address<br>Duke's Deli & Pancakes | Date<br>9-15-21 |
|-----------------|--|-----------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

|  |   |
|--|---|
|  | <p>No Violation<br/>Observed</p> <p>(N)</p> |
|--|---|

|   |   |
|---|---|
| <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>9-15-21  | Environmental Code<br>9-30-21   |
| Please Remit within 10 days to:   |   |

Michelle Edwards  
Certified Manager

Turner S. Edwards  
Licence Number  
9-1-22-24

|   |
|---|
| Facility Signature<br><u>Shelley Vuyet</u>        |
| Environmental Signature<br><u>Anna S. Edwards</u> |

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