



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIIDate 10/17/2016

Name Jack + Will Day Care + Learning Center License No. PENDING  
 Address 1091 Highway 1 South, Greenville, MS 38701  
 Center/Organization/Individual  
 Purpose Initial New Site Inspection / T.A. Director Norma J. McDavid  
 Mileage Start — Mileage End —  
 County Washington Telephone No. 662-820-6220  
 Time In 9:52 a.m. Time Out 11:42 a.m. Total Time —

Findings/Comments The licensing officials met with owners Owen + Mary Rhodes. The purpose for this visit was for a initial new site inspection and to provide technical assistance.

A walk through of the facility was conducted and the licensing officials measured the facility. The facility's maximum capacity measured (53). The licensing fee for a maximum capacity of (53) is \$300.00.

Once all repairs and corrections have been completed the licensing official will conduct another visit for a temporary license.

Technical Assistance was provided on today's visit.

A green child care survey card was left with Mary Rhodes.

May Rhodes  
 Center Director/Designee/Individual

Jessy Legier  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



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# Child Care Facility Data Sheet

Facility Name Jack + Jill Day Care + Learning Center Date 10/17/2016  
 Physical Address 1091 Highway 1 South, Greenville, MS 38701  
 Operator Owent Mary Rhodes Daytime Telephone Number 662-820-6220  
☒ Commercial Facility ☐ Occupied Residence before 1978 Year Building was constructed  
 Total # of Floors 01 # of Floors Used for Child Care 01 # of Rooms 05 # of Rooms Used for Child Care 05  
 Construction: Masonry ☒ 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 checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Plug covers on all outlets <u>OK. 11/30/2016 JH</u>  |
| <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 _____<br>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. <u>OK. 11/30/2016 JH</u> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11. Child safe thermometers at child level in every room utilized by children <u>OK. 11/30/2016 JH</u>  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12. Adequate lighting. Note – <u>All lights must be shielded.</u> <u>OK. 11/30/2016 JH</u>  |
| <input type="checkbox"/>            | <input checked="" 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.<br>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 <u>01</u> <u>11/30/2016 JH</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 17. Emergency evacuation plan posted. <u>OK. 11/30/2016 JH</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Hot and cold running water at all handwashing sinks.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 19. Building constructed prior to 1965 has been tested for lead.  |



**B. Kitchen/Food Preparation Area (continued)**

- | Yes                                 | No                                  | NA                                  |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Install approved stove hood, vented to outside per fire codes. <i>NO COOKING/NO GAS STOVE</i> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4. Install separate freezer when 50+ children are served. <i>11/30/2016 JG</i>                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Install approved dishwasher. _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6. Install three (3) compartment sink.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Install food preparation sink.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 8. Install mop sink.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Install handwashing sink. Note – All sinks must have hot and cold water.                      |

**C. Grounds**

- | Yes                                 | No                                  | NA                                  |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 1. Install an approved play area with fence.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Remove all hazards including non-approved playground equipment. <i>OK 11/30/2016 JG</i> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Playground equipment must be approved before installation.                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4. Playground must be completed before opening for business. <i>OK 11/30/2016 JG</i>       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Safe arrival/departure areas.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 6. Soil must be tested for lead.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 7. Other _____   |

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

- | Yes                      | No                                  | NA                       |                           |
|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. <u>Appropriate</u>     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. <u>Child size</u>      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. <u>Adequate number</u> |

**B. Furniture**

- | Yes                      | No                                  | NA                                  |   |
|--------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Toys appropriate for age available. (see Section X, 10-1, Regulations Governing Licensure of Child Care Facilities)      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3. Approved bedding – <input type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input type="checkbox"/> pads |

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

**III. Other**

- | Yes                                 | No                       | NA                       |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Comply with local zoning, building and fire safety codes. |

**IV. Recommendations**

*Mary R. Hobb*  
Operator/Center/Date

*Teresa Leggett*  
Licensing Officer

*[Signature]*