



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Hinds Date 08/06/2019

Facility Name Jacob's Ladder Center For Learning License Number 25CDPFA-5699

Purpose Renewal Inspection/TA Capacity 60

## 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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	Infants   5   Caregiver #1
2.	1-2yrs   9   Caregiver #2
3.	2yrs   10   Caregiver #3
4.	4-5yrs   12   Caregiver #4
5.	Schoolage   9   Asst. #1, Asst. #2
6.	
7.	

Center Director/Individual

*Amela Stacey*  
*Amela Regas*

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served (TA)	<input checked="" type="checkbox"/>	<input checked="" 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 ☒ ☐ ☐ ☐

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 (TA)	<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"/>
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Playground area clean, shaded, well drained and equipped and fence in good repair (TA - general clean-up)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number <u>2</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Child Care Representative Yamir GCF II



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 08/06/2019

Name	<u>Jacob's Ladder Center For Learning</u>	License No.	<u>25CDPFA-5699</u>
Address	<u>5753 Angle St. Jackson, MS 39206</u>		
	Center/Organization/Individual		
Purpose	<u>Renewal Inspection/TA</u>	Director	<u>Linda Stuckey</u>
Mileage Start		Mileage End	
County	<u>Hinds</u>	Telephone No.	<u>601-316-0278</u>
Time In	<u>9:49 am</u>	Time Out	<u>11:45 am</u>
		Total Time	

Findings/Comments Upon arrival, MSDH licensing official Tonya Broger met with Anita Roger, Director #1. The purpose of the visit was acknowledged and the following observations were made: Please note owner/Director Linda Stuckey arrived on-site at approximately 10:00 am.

- No critical violations were observed regarding the facility building and grounds.
- No critical violations were observed regarding the facility Kitchen / meal prep. area.
  - Technical assistance provided regarding the posting of the current menus.
- Staff records: All observed staff records, including FBI LOS and Form 121's were compliant with MSDH regulatory guidelines.
  - Technical assistance was provided regarding maintaining records, including FBI LOS and Form 121's for all volunteers and student assistants, per MSDH regulatory guidelines.
- Children's records: All observed children's records, including Form 121's, were compliant with MSDH regulatory guidelines.
- A green survey card and MSDH contact card was provided to Director #1.

\* Class I and Class II violations may result in a monetary penalty. Repeated violations may result in the doubling of penalties, suspension, or revocation of the license.\*

Linda Stuckey  
Center Director/Designee/Individual

(Signature) M CCFE II  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name Jacob's Ladder Center for Learning License No. 5699 Date 08/06/2019

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures ( <i>Parent's Handbook</i> ) {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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6} (TA)
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted ( <i>Appendix C, VII</i> )

Comments/Recommendations The facility will need to provide: 2 to 4 weeks current menus, current Form 333 (uniform fire safety), current transportation insurance, updated staff roster w/ birth dates.

☒ Pass - (Pending)

License to be issued: ☐ Regular ☒ Probational ☐ Restricted

☐ Fail

☐ Follow-up within \_\_\_\_\_ days

*Lynelle Spencer*  
*Amber Rogers*

☐ Director ☐ Designee

*[Signature]* MTF CCFI II  
Child Care Representative

# Food Service Facility Inspection Results

PIMS ID 5699	Facility Name, Address Jacob's Ladder Center for Learning 5753 Angle St. Jackson, MS 39206	Date 08/06/2019
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<ul style="list-style-type: none"> <li>- No critical violations were observed during the inspection</li> <li>- Technical assistance provided regarding the posting of the current menus.</li> <li>- Letter grade "A" rec'd</li> </ul>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code TB, DS
Please Remit within 10 days to:	

Linda Stuckey  
Certified Manager

Tummy Safe  
Licence Number

Expires 9/29/2019

Facility Signature <u>Linda Stuckey</u>
Environmental Signature <u>[Signature]</u> CLF III

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

# Child Care Licensure Playground Checklist

Center Name Jacob's Ladder Center For Learning Inspection Date 08/06/2019

- | YES                                 | NO                       | N/A                                 |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2, pg 9-10 & 4.3)<br><u>Grass only - No equipment present</u>                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61) <u>(Due to recent rains)</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)<br><u>None present at the time of inspection</u>                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. 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 59)    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency<br><u>None present</u> (CPSC 3.2, pg 2.5.2, pg 1 & 5.3.8.1, pg 37)                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency<br><u>None present</u> (CPSC 5.3.6.4-5 pgs 34)                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg & CPSC 2.2.6, pg   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency.<br><u>Recommendation due to for general cleaning</u> (Rule 1.11.11 (1), pg                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (C 2.5.5, pg 15)  |

Director Antonia Rogers

Licensing Official JB CCFI 11