



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

Jerry's Little Lambs Learning LAB
5165 Galaxie Dr. Jackson, Ms 39206
Hinds Co./ Dist. 5/Dir: JoAnn Lindsey
Lic# 25C4PFA-6609 Ph: 601-362-6270
Owner: JoAnn Lindsey

Date 08/21/17

License Number _____

Purpose Renewal TACapacity 100

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input type="checkbox"/>	<input checked="" 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 / 9 / James, Suzie
2.	Infants / 9 / Jones
3.	3-4 yrs / 10 / Mary
4.	3-4 / 7 / JoAnn Lindsey
5.	2yr / 6 / Valerie, Cag
6.	
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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 08/21/17

Jerry's Little Lambs Learning LAB
5165 Galaxie Dr. Jackson, Ms 39206
Hinds Co./ Dist. 5/Dir: JoAnn Lindsey
Lic# 25C4PFA-6609 Ph: 601-362-6270
Owner: JoAnn Lindsey

License No.

Center/Organization/Individual

Purpose Renewal Mid year

Director

Mileage Start

Mileage End

County

Telephone No.

Time In 2:55pm

Time Out 4:25pm

Total Time

Findings/Comments

Upon arrival of the facility, the licensing official the licensing official met with Mrs. Jones; caregiver at the facility. The Director was not present at the time of the visit. Director was out do to an emergency.

The following deficiencies were observed on today:

Subchapter: Rule 1.8.1(3)

Deficiency: Rule 1.8.1(3)

Finding: The licensing official observed no authorized individual assigned administrative and supervisor responsibility. Director or designee was not present at the time of entrance of the facility. The director however was out on emergency.

PAC: Per Mrs. Lindsay, a letter will be submitted adding an additional designee to replace the director when absent.

Technical assistance: Technical assistance provided on Rule 1.8.1(3), no violations will be issued on today, Director returned to the facility 15 minutes after arrival of inspector.

All children's records are up to date, all employee records are up to date. All other paperwork up to date and placed in their file.

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**Date 08/21/17

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Please call LaTonya Lyles at 601-397-8757 or 601-364-2827

Great Job!!

"A Green service card has been given ~~to~~ to director"

"Class 1 + 2 violations may result in a monetary penalty. A repeated violation may result in a doubled violation, suspension or revocation."

JoAnn Lindsey LaTonya Lyles
Center Director/Designee/Individual Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Jerry's Little Lambs Learning LAB 5165 Galaxie Dr. Jackson, Ms 39206 Hinds Co./ Dist. 5/Dir: JoAnn Lindsey Lic# 25C4PFA-6609 Ph: 601-362-6270 Owner: JoAnn Lindsey	Date 08/21/17
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CRITICAL VIOLATIONS

Indygar

Letter
"A"
given

RECTION PLAN AND SCHEDULE

NO
Critical
violations

<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 checked="" 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	Environmentalism Code <i>05088</i>
Please Remit within 10 days to:	

<i>Jerry Mc Nair</i> Certified Manager exp: 2020	<i>Permit fee 2020</i> Licence Number
Facility Signature <i>JoAnn Lindsey</i>	Environmentalism Signature <i>Shomo</i>

White Copy - Facility
 Yellow Copy - PIMS
 Pink Copy - Environmentalism

Playground Checklist

Inspection Date

08/21/17

Name of Licensing Official _____

License # _____

YES NO

- ☒ 1. Playground fence less than 3 1/2" from surface. (Regs, 110.09 - 8, pg 39) In good repair, with no gaps? (Regs, 110.09 - 5, pg 39).
- ☒ 2. 2 entrances/exits, with one being remote from the building? (Regs, 110.09 - 8, pg 39)
- ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
Will add chips under see/saw
- ☒ 4. AC units, high-voltage cabling/wires inaccessible? (Regs, 110.09 - 5, pg 39)
- ☒ 5. Transformers located a minimum of 30 ft. from playground? (Regs, 110.09 - 5, pg 39)
- ☒ 6. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ 7. Toys & equipment in good repair? (none broken/deteriorating) (Regs, 109.02, pg 30)
- ☒ 8. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ 9. All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Regs, 110.09 - 5, pg 39)
- ☒ 10. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☒ 11. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
- ☒ 12. If swings are present, are S-hooks in good repair? If not, state deficiency
_____ (CPSC 3.2, pg13)
- ☒ 13. If slide is present, is exit height/exit zone adequate? If not, state deficiency
_____ (CPSC 5.3.6.4-5 pgs 34-35)
- ☒ 14. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- ☒ 15. Is age-appropriate equipment being used? If not, state which pieces are inappropriate
_____ (Regs, 109.10, pg 31)
- ☒ 16. Is playground area clean & free of hazards? If not, state deficiency.

_____ (Regs, 110.09 - 5, pg 39)
- ☒ 17. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☒ 18. Are concrete footings located a minimum of 6" beneath the surface? (Regs, 109.02, pg 30)
- ☒ 19. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director _____

Licensing Official _____