J J's Development Center
950 Tampa Street
Pearl, MS 39208
Ph.: 601-932-2182
Lic.: 61CEPFA-1049
Director: Shelia Cooper

MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Rankin Date 01.14.2020

Facility Name _____ License Number _____

Purpose Renewal. Technical Assistance Capacity 114

| *All Items In Red Are Critical* | In | Out | COS | N/A |
|---|---|---|---|---|
| Qualified director present | ✓ | | | |
| Proper staff to child ratio present | ✓ | | | |
| Room and playground capacity met | ✓ | | | |
| Center capacity met | ✓ | | | |
| License/complaint visible | ✓ | | | |
| Certified food manager | ✓ | | | |

| **Sanitation Approved** | | | | |
|---|---|---|---|---|
| Garbage and garbage bins maintained | ✓ | | | |
| Vector control maintained | ✓ | | | |
| Water system approved and functioning | ✓ | | | |
| Waste water system approved and functioning | ✓ | | | |
| Food service approved | ✓ | | | |

**Possible Monetary Penalty**

| | Monetary Penalty |
|---|---|
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |

| | Age/Child/Staff Name |
|---|---|
| 1. | 2-4 year 12. Staff 1 |
| 2. | Infants. 7. Staff 1, 2 |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |

| **Other Items** - Must be corrected | In | Out | COS | N/A |
|---|---|---|---|---|
| Children's belongings separated/stored | ✓ | | | |
| Evacuation plans posted | ✓ | | | |
| Menus posted and served | ✓ | | | |
| Plan of activities | ✓ | | | |
| **Building and Grounds** | | | | |
| Walls, ceilings, floors, toys, equipment clean and in good repair | ✓ | | | |
| Lighting approved | ✓ | | | |
| Heating/cooling approved | ✓ | | | |
| Ventilation adequate | ✓ | | | |
| Glass approved and shielded | ✓ | | | |
| Telephone on premises, available, and functioning | ✓ | | | |
| Electrical outlets protected | ✓ | | | |
| Large appliances located properly | ✓ | | | |
| Sinks and toilets working properly | ✓ | | | |
| Hot water at all sinks, not to exceed 120° | ✓ | | | |
| Children barred from kitchen | ✓ | | | |
| Vending machine snacks meet nutritional guidelines, if present | | | | ✓ |
| Exits, doors and fastening devices single action approved and in good working order | ✓ | | | |
| Exits unobstructed | ✓ | | | |
| Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order | ✓ | | | |
| First aid kits stocked and easily accessible | ✓ | | | |
| Playground area clean, shaded, well drained and equipped and fence in good repair | ✓ | | | |
| Playground equipment meets standards | | | | ✓ |
| Pool area clean, fenced, and adequately maintained | | | | ✓ |
| Diaper changing stations adequate in number and each fully supplied (number 2) | ✓ | | | |

Center Director/Individual _____ Child Care Representative _____

*White Copy - Facility File* *Yellow Copy - Facility Operator*

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 5

Date 01.14.2020

Name _____ License No. _____

Address _____
Center/Organization/Individual

Purpose Renewal • TA Director _____

Mileage Start — Mileage End —

County Rankin Telephone No. 601.317.7777

Time In 7:49 a.m Time Out 10:20 a.m Total Time _____

**Findings/Comments** Upon arrival, the licensing official met with director Mrs. Shelia Cooper.

The purpose of this visit was acknowledged. (Renewal)

The following was observed:

Rule 1.11.1(9) - States in part, all parts of the child care facility used by children shall be well-lighted.
Findings: Licensing official observed inadequate lighting throughout facility.

Rule 1.11.8(7) - filters on recirculation systems shall be checked and cleaned or replaced monthly.
Findings: Licensing official observed filters on recirculation systems that needs cleaning or replaced.

See plan of correction on next page...

Center Director/Designee/Individual

Jemeria Davis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

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# Child Care Encounter (Continuation)

Date 01.14.2020

Facility Name _____ License No. _____

1. What measures will you put into place to correct the violation and how will you prevent recurrence of the violation?
2. Who will be responsible for monitoring violation from recurrence?
3. What is the date of completion?

Rule 1.11.1(9) - Per mrs. cooper, the lights went out the previous week before and she plans to have this violation corrected by 1.17.2020. A regular inspection of classrooms will be conducted to ensure all lights are properly working.

Rule 1.11.8(7) - Per mrs. cooper the filters will be checked on a weekly basis to ensure that they are clean. The owner/director will be responsible for monitoring prevention. The date of completion will be 01.21.2020.

A follow up will be conducted.

Customer survey card provided to Mrs. Shelia Cooper.

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

Center Director/Designee/Individual

Jemeria Davis
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name _____ License No. _____ Date 01.14.2020

| | 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 insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3. | ☑ | ☐ | ☐ | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| 4. | ☑ | ☐ | ☐ | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} |
| 5. | ☑ | ☐ | ☐ | Attendance records for children and staff {Rule 1.6.3 (1)} |
| 6. | ☑ | ☐ | ☐ | 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 (3)} |
| 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)} |
| 10. | ☑ | ☐ | ☐ | 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} |
| 14. | ☑ | ☐ | ☐ | **Reports of serious occurences made as required** {Rule 1.7.1} |
| 15. | ☑ | ☐ | ☐ | **Communicable diseases reported as required** {Rule 1.7.3} |
| 16. | ☑ | ☐ | ☐ | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4} |
| 17. | ☑ | ☐ | ☐ | **Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)} |
| 18. | ☑ | ☐ | ☐ | Age appropriate program of activities posted in each room {Subchapter 9} |
| 19. | ☑ | ☐ | ☐ | Required toys present in infant room {Rule 1.10.1 (2)} |
| 20. | ☑ | ☐ | ☐ | Required toys present in toddler room {Rule 1.10.1 (3)} |
| 21. | ☑ | ☐ | ☐ | Required toys present preschool room {Rule 1.10.1 (4)} |
| 22. | ☑ | ☐ | ☐ | 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)* |

**Comments/Recommendations**

**PLEASE SUBMIT ALL REQUIRED DOCUMENTATION FOR RENEWAL. APPLICATION SHOULD BE SUBMITTED ONLINE. SEND FIRE FORM #333 AND TWO WEEK MENUS AND OTHER CURRENT REQUIRED DOCUMENTATION FOR RENEWAL OF LICENSE.**

☐ Pass –
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☑ Director ☑ Designee

Child Care Representative

# Food Service Facility Inspection Results

| PIMS ID | Facility | | Date |
|---|---|---|---|
| | J J's Development Center<br>950 Tampa Street<br>Pearl, MS 39208<br>Ph.: 601-932-2182<br>Lic.: 61CEPFA-1049<br>Director: Shelia Cooper | | 01.14.2020 |

| CRITICAL VIOLATI | ECTION PLAN AND SCHEDULE |
|---|---|
| Observed no critical violations<br><br>A | |

James Cooper — Timmy Sate

Certified Manager — Licence Number

exp: 11.02.2023

| | |
|---|---|
| ☐ 92020 Scheduled | ☑ 92010 Permit No Charge |
| ☐ 92030 Followup | ☐ 92015 Permit 1 $30.00 |
| ☐ 92040 Complaint | ☐ 92011 Permit 2 $100.00 |
| ☐ 92050 Consultation | ☐ 92012 Permit 3 $150.00 |
| ☐ 92070 Plan Review/Const. | ☐ 92013 Permit 4 $200.00 |
| ☐ 92080 No Inspection | |
| ☐ 92090 Restaurant Training | |
| Permit Date | Environmentalist Code: JDS |

Please Remit within 10 days to:

| | |
|---|---|
| Facility Signature | |
| Environmentalist Signature | Cornelia Cooks |

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

# Playground Checklist

Center Name J J's Development Center
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Director: Shelia Cooper

Inspection Date 01.14.2020

| YES | NO | N/A | | |
|---|---|---|---|---|
| ☑ | ☐ | ☐ | 1. | Playground fence less than 3 ½" from surface. *(Rule 1.11.9 (8), pg 60)* In good repair, with no gaps? *(Rule 1.11.9 (8), pg 60)* |
| ☑ | ☐ | ☐ | 2. | 2 entrances/exits, with one being remote from the building? *(Rule 1.11.9 (8), pg 60)* |
| ☐ | ☐ | ☑ | 3. | Is surfacing adequate? If not, where is it inadequate? *(CPSC, 2.4.2, pg 9-10 & 4.3)* observed no playground equipment |
| ☑ | ☐ | ☐ | 4. | AC units, high-voltage cabling/wires inaccessible? *(Rule 1.11.9 (5), pg 59)* |
| ☑ | ☐ | ☐ | 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)* |
| ☑ | ☐ | ☐ | 6. | Toys & equipment in good repair? (none broken/deteriorating) *(Rule 1.10.2 (2), pg 46)* |
| ☑ | ☐ | ☐ | 7. | Sidewalks provide smooth walking surface? (no trip hazards) *(CPSC 3.6, pg 16-17)* |
| ☑ | ☐ | ☐ | 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)* |
| ☑ | ☐ | ☐ | 9. | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? *(CPSC 3.4, 3.5, pg 16)* |
| ☐ | ☐ | ☑ | 10. | Are use zones adequate? If not, where are they inadequate? *(CPSC 5.3.9, pg 41)* |
| ☐ | ☐ | ☑ | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency *(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)* |
| ☐ | ☐ | ☑ | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency *(CPSC5.3.6.4-5 pgs 34-35)* |
| ☐ | ☐ | ☑ | 13. | Are spring rockers a minimum of 6 ft. apart? *(ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)* |
| ☐ | ☐ | ☑ | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate observed no playground equipment *(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)* |
| ☑ | ☐ | ☐ | 15. | Is playground area clean & free of hazards? If not, state deficiency. *(Rule 1.11.11 (1), pg 61)* |
| ☑ | ☐ | ☐ | 16. | Is adequate shade present on the playground? *(Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)* |
| ☑ | ☐ | ☐ | 17. | Are concrete footings located at least 6" beneath the surface? *(Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)* |
| ☑ | ☐ | ☐ | 18. | Is wood smooth? Documentation provided that wood has been properly treated. *(CPSC 2.5.5, pg 15)* |

Director _____ Licensing Official Jemeria Davis