



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HindsDate 9/16/2020Facility Name Jacob's Ladder Center For LearningLicense Number 25CDPFA-5699Purpose Virtual Renewal Inspection/TA Capacity 60

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	Infant / 5 / caregiver # 1
2.	1-2 year old / 12 / caregiver # 2 & # 3
3.	3 year old / 7 / caregiver # 4
4.	4 year old / 6 / caregiver # 5
5.	
6.	
7.	

## Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted <u>TA provided</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities <u>TA provided</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Building and Grounds

Walls, <u>ceilings</u> , floors, toys, equipment clean and in good repair <u>TA provided</u>	<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>11</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual \_\_\_\_\_

Child Care Representative Denise Hove



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 9/16/2020

Name	<u>Jacob's Ladder Center for Learning</u>	License No.	<u>25CDPFA-5699</u>
Address	<u>5753 Angle St. Jackson, MS 39206</u>		
Purpose	<u>Virtual Renewal Inspection/TA</u>	Director	<u>Linda Stuckey</u>
Mileage Start	<u>N/A</u>	Mileage End	<u>N/A</u>
County	<u>Hinds</u>	Telephone No.	<u>601-316-0278</u>
Time In	<u>10am</u>	Time Out	<u>11:00 am</u>
		Total Time	<u>N/A</u>

Findings/Comments During the Virtual Renewal Inspection via Zoom meeting, licensing official Denise Love met with the owner/director Linda Stuckey and stated the purpose of the visit.

- No critical violations were observed on the facility playground
- No critical violations were observed in the facility kitchen. The facility will receive a letter grade "A".
- Technical Assistance: During observation, LD observed a crack in the ceiling in the 3 year old classroom. The director stated a work order will be submitted to ~~replace~~ repair damage. The facility has 7 days to have repairs made.
- TA: During virtual inspection LD observed a daily schedule missing from the 3 year old classroom and an evacuation plan not posted in the 4 year old classroom. The director stated both will be posted by the end of the day.
- Please see Form # 289 (Child Care Program Review) for all document copies needed to process the facility license.

"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

Denise Love  
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 9/16/2020

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Policies and procedures ( <i>Parent's Handbook</i> ) {Rule 1.4.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Approved arrival and departure procedures {Rule 1.4.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Attendance records for children and staff {Rule 1.6.3 (1)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Immunization Records for Children and Staff {Rule 1.6.3 (8)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Reports of serious occurrences made as required {Rule 1.7.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Communicable diseases reported as required {Rule 1.7.3}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Age appropriate program of activities posted in each room {Subchapter 9}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Required toys present in infant room {Rule 1.10.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Required toys present in toddler room {Rule 1.10.1 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Required toys present preschool room {Rule 1.10.1 (4)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Licensed pest control contractor {Rule 1.11.14}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Appropriate discipline policy followed {Subchapter 14}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Appropriate transportation policy followed {Subchapter 15}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Infant feeding schedules posted ( <i>Appendix C, VII</i> )

Comments/Recommendations The Following document copies are needed to process license: Virtual Renewal Acknowledgement Form, Zoning letter, Fire inspection report, monthly Fire/disaster drills, pest control bill, staff and children rosters, 6-8 weeks menus, and staff 15 contact hours. If expired CPR/First Aid certification.

☒ Pass - pending

License to be issued: ☒ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within \_\_\_\_\_ days

☐ Director ☐ Designee

Deeise Bone  
Child Care Representative



## Food Establishment Inspection Report

Establishment <b>Jacob's Ladder Center For Learning</b>		Time in <b>10:44 am</b>	
Address <b>5753 Angle St.</b>	City/State <b>Jackson, MS</b>	Zip <b>39206</b>	Telephone <b>601-316-0278</b>
License/Permit# <b>25CDPFA-5699</b>		Permit Holder <b>Jacob's Ladder Center For Learning</b>	Risk Level <b>2</b>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
<b>Supervision</b>			
1 IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 IN OUT N/A	Manager certification		
<b>Employee Health</b>			
3 IN OUT	Management awareness; policy present		
4 IN OUT	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>			
5 IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
6 IN OUT N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
7 IN OUT N/O	Hands clean and properly washed		
8 IN OUT N/A N/O	No bare hand contact with ready-to-eat foods		
9 IN OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>			
10 IN OUT	Food obtained from approved source		
11 IN OUT N/A N/O	Food received at proper temperature		
12 IN OUT	Food in good condition, safe, and unadulterated		
13 IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
14 IN OUT N/A	Food separated and protected		
15 IN OUT N/A	Food - contact surfaces: cleaned & sanitized		
16 IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Potentially Hazardous Food (TCS food)</b>			
17 IN OUT N/A N/O	Proper cooking time and temperatures		
18 IN OUT N/A N/O	Proper reheating procedures for hot holding		
19 IN OUT N/A N/O	Proper cooling time and temperature		
20 IN OUT N/A N/O	Proper hot holding temperatures		
21 IN OUT N/A	Proper cold holding temperatures		
22 IN OUT N/A N/O	Proper date marking and disposition		
23 IN OUT N/A N/O	Time as a public health control: procedure & records		

Compliance Status		COS	R
<b>Consumer Advisory</b>			
24 IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>			
25 IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>			
26 IN OUT N/A	Food additives: approved and properly used		
27 IN OUT	Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>			
28 IN OUT N/A	Compliance with variance, specialized process, and HACCP plan		
29 IN OUT N/A	Risk control plan as required		
<b>Other Critical Factors</b>			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30 IN OUT	Water and ice from approved source		
31 IN OUT	Insects, rodents, and animals not present		
32 IN OUT N/A	Hot and cold water available; adequate pressure		
33 IN OUT N/A	Plumbing installed; proper backflow devices		
34 IN OUT N/A	Sewage and waste water properly disposed		
35 IN OUT	Toilet facilities: properly constructed, supplied		
36 IN OUT N/A	Permit/Last inspection posted		

Date **9/16/2020**

Person in Charge (Signature)

Inspector (Signature)

**Debbie Gore**

# Food Service Facility Inspection Results

PIMS ID <b>5699</b>	Facility Name, Address <b>Jacob's Ladder Center for Learning 5753 Angle St. Jackson, MS 39206</b>	Date <b>9/16/2020</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

**No critical violations  
Observed.**

**The facility will receive  
letter grade "A"**

<input type="checkbox"/> 92020 Scheduled	<input type="checkbox"/> 92010 Permit No Charge
<input type="checkbox"/> 92030 Followup	<input type="checkbox"/> 92015 Permit 1 \$30.00
<input type="checkbox"/> 92040 Complaint	<input type="checkbox"/> 92011 Permit 2 \$100.00
<input type="checkbox"/> 92050 Consultation	<input type="checkbox"/> 92012 Permit 3 \$150.00
<input type="checkbox"/> 92070 Plan Review/Const.	<input type="checkbox"/> 92013 Permit 4 \$200.00
<input type="checkbox"/> 92080 No Inspection	
<input type="checkbox"/> 92090 Restaurant Training	
Permit Date	Environmental Code

**Linda D. Stuckey** **TummySafe**  
Certified Manager Licence Number

**Expires: September 9, 2024**

Please Remit within 10 days to:

Facility Signature
Environmental Signature <b>Denise Bone</b>

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

# Child Care Licensure Playground Checklist

Center Name Jacob's Ladder Center For Learning Inspection Date 9/16/2020

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)  
No composite equipment
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
- ☒ ☐ ☐ 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 47)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)  
No composite equipment
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
\_\_\_\_\_ (CPSC 3.2, pg 13)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
\_\_\_\_\_ (CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
Toys only (Rule 1.10.2, pg 36)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
\_\_\_\_\_ (Rule 1.11.11 (1), pg 49)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☐ ☐ ☒ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director \_\_\_\_\_

Licensing Official \_\_\_\_\_

Debbie Bone