



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II Date 08-06-18

Name Ima Lafayette Upper Elem License No. _____

Address 120 Commadore Drive Oxford MS 38655
Center/Organization/Individual

Purpose Initial / Final Director _____

Mileage Start _____ Mileage End _____

County Lafayette Telephone No. 662-371-1500

Time In 9:50 Time Out 11:57 Total Time _____

Findings/Comments Here to conduct final initial / final inspection on today's visit.

Upon arrival the licensing official met with Pamela Hipp & A. Kennedy.

The following were discussed on today's visit:
This location will be before and after care After School program and summer camp.

Prepackage
Shacks and drinks will be provided
The facility maximum capacity 81 children based on the facility playground.

Forms completed on today's visit:
Form 886 page 1 & 2
Form 881

Capacity Worksheet
Playground check list: Children should be schedule to go out for recess at different times. In order to use fence in playground area proper shading is required. If 2nd entrances / exits gate on playground remote from each other is also required.

Leslie Kennedy
Center Director/Designee/Individual

Kimberly Bratcher
Child Care Representative
Alma Brown

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 08-06-18

Facility Name

11111 Lafayette Upper Elem

License No. _____

Provided TA on the following:

- Provide Orange Construction Fence as a barrier to prevent children from entering the kitchen. 9-19-18
- Outlet covers are needed 9-19-18
- Child safe thermometers 9-19-18
- Individual compartments for belongings (clothes basket) 9-19-18
- Emergency Evacuation - Also please post - menus, plan of activities, complaint poster, license
- Toys for college group 9-19-18

Rec'd documents on today's visit

Fire form 333

Menus

Daily schedule

Floor plan

Policy procedures

Discipline policy

Directors Letter of work experience, LOS MSDH 181 form, 3 Child Care Training Certificate, qualifications, transcript, Application

Please submit:

- Letter stating what training was completed for CPR & First Aid

- Letter from school stating years of experience for director

Please submit MSDH 181 for four staff member

Please submit LOS form for two staff member

Leslie Kennedy
Center Director/Designee/Individual

Amika Bratcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name YMCA Lafayette Upper Elem. Date 8/16/18
 Physical Address 120 Commodore Drive Oxford, MS 38055
 Operator _____ Daytime Telephone Number 662-236-3761
☒ Commercial Facility ☐ Occupied Residence 1971 Year Building was constructed
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms _____ # of Rooms Used for Child Care 1
 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. |
| <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> electric <input type="checkbox"/> other _____
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. |
| <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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
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 _____. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☐ ☐ ☒ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☐ ☐ ☒ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☐ ☒ 4. Separate freezer when 50+ children are served.
- ☐ ☐ ☒ 5. Approved dishwasher. _____
- ☐ ☐ ☒ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note – All sinks must have hot and cold water.

* All snacks/drinks will be pre-packaged

C. Grounds

In Out NA

- ☐ ☐ ☐ 1. Approved play area with fence.
- ☐ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☐ ☐ 3. Playground equipment approved before installation.
- ☐ ☐ ☐ 4. Playground completed before opening for business.
- ☐ ☐ ☐ 5. Safe arrival/departure areas.
- ☐ ☐ ☐ 6. Soil tested for lead.
- ☐ ☐ ☐ 7. Other _____

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

In Out NA

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☐ ☒ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☐ ☐ ☒ 3. Approved bedding – ☐ cribs ☐ cots ☐ pads

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

III. Other

In Out NA

- ☐ ☐ ☒ Complies with local zoning, building and fire safety codes.

IV. Recommendations

Joelle Kennedy

Operator/Center/Date

Tamika Bralton

Licensing Officer