MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Jackson Date Aug. 14, 17

Facility Name YMCA Activities Center License Number 4200

Purpose Renewal Capacity 150

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.	Victoria, Kloe 34 S.A.
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 _____)	☐	☐	☐	☑

Center Director/Individual Christie Mallory Child Care Representative Anna L. Walters

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

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9 Date Aug. 14, 17

Name YMCA Activities Center License No. 4200

Address 711 Magnolia St. Ocean Springs 39564
Center/Organization/Individual

Purpose Renewal Director Christine Mallock

Mileage Start ____ Mileage End ____

County Jackson Telephone No. 228-872-0322

Time In 2:35 Time Out 3:55 Total Time ____

Findings/Comments Upon arrival met with Designee. Brandi Hamilton

Building - no violations observed

Playground -
TA. provided on Appendix D.
When the mulch dries "fluff" it.

Subchapter 6: Records

Refrain = Rule 1.6.1 Records listed in this section shall be kept within the physical confines of the child care facility and shall be made available to the licensing agency on the request.

Rule 1.6.3 Details everything required in Personal Records.

Finding: During record review, it was observed that five employees didn't have completed files.

POC: MS Christine will be responible for correcting and placing all required information in each employees file. This will be completed in 2 weeks.

T.A. provided on Rule 1.6.4

Christine Mallock
Center Director/Designee/Individual

Karen R. Walters
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date Aug. 14

Facility Name YMCA License No. 4200

Follow-up on staff records in 2 weeks.

Checked the CJIS's of employees that were alone with children.

For renewal
1) fire survey
2) fee
3) application

A survey was requested

Christi Mallh.
Center Director/Designee/Individual

Anne L. Walker
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name YMCA Adventure Center License No. 4200 Date 8-14-17

	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 _____

☐ Pass –
License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☑ Fail
Follow-up within 14 days

Christie Mallett
☑ Director ☐ Designee

Anna K Walters
Child Care Representative