



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County DeSoto Date 08-27-20

Facility Name YMCA Oak Grove Elem License Number 59009

Purpose Virtual Renewal Capacity 50

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Sanitation Approved

	In	Out	COS	N/A
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.	9-11 years of age
2.	14 - Caregiver
3.	
4.	
5.	
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

	In	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	<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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
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"/>

	In	Out	COS	N/A
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In	Out	COS	N/A
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	In	Out	COS	N/A
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Child Care Representative Amika Bratcher

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

Date

11-27-20

District

I

Name

Imma Oak Grove Center

License No.

5900

Address

843 W Oak Grove Rd Hernando, MS 38632

Center/Organization/Individual

Purpose

Virtual Renewal

Director

Nichole Derrick

Mileage Start

Mileage End

County

Desoto

Telephone No.

662-562-2071

Time In

Time Out

Total Time

Findings/Comments

Conducted a virtual renewal inspection

With: Nichole Derrick

The following were in compliance on today visit:

Current CPR &amp; First Aid

Current 205 &amp; MSD 121 forms

Current Records for staff and children

Waiting to receive the following

Fire form 333

Contact hrs

Acknowledgement form

Menus

Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator

Center Director/Designee/Individual

Revised 6-24-09

Form No. 287

Mississippi State Department of Health





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

Desoto YMCA Oak Grove Central Elem

License No.

5909

Date

08-27-20

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

Comments/Recommendations

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

☒ Director ☐ Designee

 Nimika Bhattacharjee  
 Child Care Representative