



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County DeSoto Date 9-29-2020

Facility Name YMCA of Southaven Inter License Number 5913

Purpose Renewal Inspection capacity 30

All Items In Red Are Critical

Qualified director present
Proper staff to child ratio present
Room and playground capacity met
Center capacity met
License/complaint visible
Certified food manager

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

Sanitation Approved

Garbage and garbage bins maintained
Vector control maintained
Water system approved and functioning
Waste water system approved and functioning
Food service approved

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

Possible Monetary Penalty

1. _____ Monetary Penalty \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Age/Child/Staff Name

1. Gym - Age - 7 - CG #1+2

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Other Items - Must be corrected

Children's belongings separated/stored
Evacuation plans posted
Menus posted and served
Plan of activities

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

Building and Grounds

Walls, ceilings, floors, toys, equipment
clean and in good repair

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

Lighting approved
Heating/cooling approved
Ventilation adequate
Glass approved and shielded
Telephone on premises, available,
and functioning

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

Electrical outlets protected
Large appliances located properly
Sinks and toilets working properly
Hot water at all sinks, not to
exceed 120°

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

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

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

Exits unobstructed
Required smoke detectors, carbon
monoxide monitors, fire extinguishers
and thermometers placed properly and
in good working order

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

First aid kits stocked and easily accessible

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

Playground area clean, shaded, well
drained and equipped and fence in good
repair

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

Playground equipment meets standards

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

Pool area clean, fenced, and adequately
maintained

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

Diaper changing stations adequate in
number and each fully supplied
(number _____)

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

Center Director/Individual VIChild Care Representative [Signature]

White Copy - Facility File Yellow Copy - Facility Operator
Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IDate 9-29-2020

Name YMCA of Southaven Intermediak License No. 5913
 Address 175 Basco Rd. E. Southaven, MS 38654
Center/Organization/Individual
 Purpose Renewal Inspection Director Denise Santucci
 Mileage Start Mileage End
 County DeSoto Telephone No. 662-562-3038
 Time In 5:00 Time Out 5:30 Total Time 1.5 hr

Findings/Comments Met with Denise Santucci to
conduct a renewal inspection, virtually,
via zoom meeting.

Records check done by Mandy Smith via
signed acknowledgment emailed to C.O.

C.O. observed 7 kids, social distanced, playing
in gym area, being supervised by care
givers #1 & 2.

No violations on today's visit.

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

VI
 Center Director/Designee/Individual

Denise Santucci
 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name

YMCA @ Shaven Inter

License No.

5913

Date

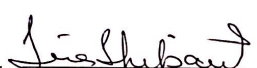
9-29-2020

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 occurrences 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 _____ days
☐ Director ☐ Designee


 Child Care Representative

 Mississippi State Department of Health
 White Copy - Facility File
 Yellow Copy - Operator

Revised 12-19-13

Form 289