Mississippi State Department of Health

Child Care Facility Inspection

County: DeSoto Date: 9-28-2020

Facility Name: YMCA at Southaven Elem. License Number: 5912

Purpose: Renewal Inspection Capacity: 30

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/compliant 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.	PGround - SAge - 8 - CG1+2
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: V.I

Child 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 I

Date 9-28-2020

Name YMCA at Southaven Element. License No. 5912

Address 8274 Claiborne Dr. Southaven, MS 38654
Center/Organization/Individual

Purpose Renewal Inspection Director Wendy Black

Mileage Start — Mileage End —

County DeSoto Telephone No. 662-562-2084

Time In 4:00pm Time Out 4:30pm Total Time .5 hr

Findings/Comments Met with director, Wendy Black, virtually, via zoom, to conduct a renewal inspection. Mrs Black showed me children and facility.

L.O. observed 8 children on the playground.

Facility following COVID-19 recomendations.

Fireform + menu sent to L.O. via email.

Records Check done by Mandy Smith, prosser director, via acknowledgment signed + emailed to L.O.

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

V.I
Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name YMCA of Southaven Elem License No. 5912 Date 9-28-2020

	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 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 _____ days

V I
☑ Director ☐ Designee

Child Care Representative

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

Revised 12-19-13

Form 289