



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County DeSotoDate 3-17-21Facility Name YMCA Center Hill ElemLicense Number 5900Purpose 110 YearCapacity 100

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.	5yr/39/3 caregivers/
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	☒	☐	☐	☐
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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	☒	☐	☐	☐
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Playground area clean, shaded, well drained and equipped and fence in good repair	☐	☐	☐	☒
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Playground equipment meets standards	☐	☐	☐	☒
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Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
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Diaper changing stations adequate in number and each fully supplied (number _____)	☐	☐	☐	☒
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Center Director/Individual

Child Care Representative

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

no 4.2

District 1

Date 3-17-21

Name YMCA @ Center Hill Ed License No. 5900

Address 13622 Center Hill Rd Olive Branch MS 38611
Center Organization Individual

Purpose De Soto Director Quiana Hanks

Mileage Start Mileage End

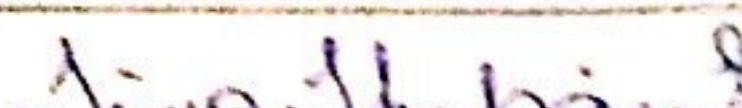
County De Soto Telephone No. 662-990-7705

Time In 330 Time Out 430 Total Time 1 hr

Findings/Comments Here to conduct Hygiene inspection
Met with director, Quiana Hanks, upon
arrival

Facility in compliance.
CPR/FA in compliance.
LOS/121 staff in compliance.


Center Director/Designee Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator