Mississippi State Department of Health

Child Care Facility Inspection

County DeSoto Date 3-17-21

Facility Name YMCA-Cockrell Hill Elem License Number 5900

Purpose Mid Year Capacity 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	☑	☐	☐	☐
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 _____ 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

District 1 Date 3-17-21

Name YMCA @ Cedar Hill Elem License No 5900

Address 13622 Cedar Hill Rd Olive Branch MS 38654

Center Organization Individual

Purpose DeSoto Director Quiana Hooks

Mileage Start _____ Mileage End _____

County DeSoto Telephone No 662-890-7705

Time In 330 Time Out 430 Total Time 1hr

Findings/Comments Here to conduct Hydrostatic inspection met with director, Quiana Hooks, upon arrival

Ratio in Compliance.
CPR/FA in Compliance.
LOS/121 staff in Compliance.

Center Director/Responsible Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator