MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County DeSoto Date 9-29-2020

Facility Name YMCA Olewisberg Prim License Number 5919

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/complaint visible	☑	☐	☐	☐
Certified food manager	☐	☐	☐	☒

Sanitation Approved	In	Out	COS	N/A
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. Cafteria - 5 Age - 23 - CG 1+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]

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Mississippi State Department of Health 12-10-08 Form No. 281

Mississippi State Department of Health

Child Care Encounter

District I Date 9-29-2020

Name YMCA Olewisburg Primary License No. 5919

Address 1707 Craft Rd. Olive Branch, MS 38654
Center Organizational Individual

Purpose Program Renewal Director Janet Byrd

Mileage Start _____ Mileage End _____

County DeSoto Telephone No. 662-912-1425

Time In 3:30 Time Out 4:00 Total Time .5 HR

Findings/Comments Met with director Janet Byrd to conduct a program renewal, virtually, via zoom.

L.D. observed 23 children, social distanced, doing homework, being supervised by caregivers 1+2.

COVID plan + policies were being carried out.

Records checked by Handy Smith, program director. Acknowledgment signed and emailed to L.D.

Menu + fireform emailed to L.D.

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

VI
Center Director Designee/Individual

Child Care Representative

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Yellow Copy - Operator

Mississippi State Department of Health

Child Care Program Review

Facility Name YMCA @ Lewisburg License No 5919 Date 9-29-20

	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 1.6.2 (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, #8)*

Comments/Recommendations

Fees:
- Licenses to be issued ☐ Regular ☐ Probationary ☐ Restricted
- Exit
- Follow-up within ____ days

☐ Director ☐ Designee

Child Care Representative

Mississippi State Department of Health — Revised 12-19-13 — Form 289

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