



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 8Date 3/9/21

Name <u>Petal Family YMCA</u>	License No. <u>3869</u>
Address <u>547 Hillcrest Loop, Petal</u>	
Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u><del>Chris Phillips</del> Alayne Rayne</u>
Mileage Start _____	Mileage End _____
County <u>Forrest</u>	Telephone No. <u>601-583-9399</u>
Time In <u>2:50 p.m.</u>	Time Out <u>4:00 p.m.</u>
Total Time _____	

Findings/Comments Renewal was conducted, no deficiencies found during inspection. All in compliance.

Please send in fire form and contact hours to Tyronica Averett @ msdh.ms.gov

Great job! Keep up the good work!

"Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of a monetary penalty, suspension or revocation of the license."

Alayne Rayne  
Center Director/Designee/Individual

Tyronica Averett  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**County ForrestDate 3/9/20Facility Name Petal Family YmcaLicense Number 3869Purpose \_\_\_\_\_ Capacity 289**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sanitation Approved**

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Possible Monetary Penalty**

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child Name
1.	A.S. - 5 -
2.	A.S. - 15 -
3.	
4.	A.S. - 13 -
5.	
6.	A.S. - 11 -
7.	

**Other Items - Must be corrected**

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building and Grounds**

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>0</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Center Director/Individual Alayna R

Child Care Representative \_\_\_\_\_





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name

Petal Family YMCA

License No.

3869

Date

3/8/21

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Policies and procedures ( <i>Parent's Handbook</i> ) {Rule 1.4.1}  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}  |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}   |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}  |
| 14. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1}   |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3}  |
| 16. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}  |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Age appropriate program of activities posted in each room {Subchapter 9}   |
| 19. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)}  |
| 21. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present preschool room {Rule 1.10.1 (4)}   |
| 22. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14}  |
| 23. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}  |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate discipline policy followed {Subchapter 14}   |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Appropriate transportation policy followed {Subchapter 15}   |
| 26. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted ( <i>Appendix C, VII</i> )   |

Comments/Recommendations

- ☒ Pass - Pending  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

Child Care Representative

## Child Care Licensure Playground Checklist

Center Name Petal Ymca Inspection Date 3/9/21

YES NO N/A

- |                                     |                          |                                     |     |   |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1.  | Playground fence less than 3 ½" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2.  | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5.  | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8.  | All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (5), pg 59) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9.  | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency<br>(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency<br>(CPSC 5.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7, pg 36-37)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate<br>(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency.<br>(Rule 1.11.11 (1), pg 61)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. | Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)   |

Director

Alayne P.

Licensing Official

Agnika A.