



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Loveland</u>	Date <u>11-30-22</u>
Facility Name <u>Caledonia YMCA AS</u>	License Number <u>44CDFA-7239</u>
Purpose <u>Mid-year</u>	Capacity <u>70</u>

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	X			
Proper staff to child ratio present	X			
Room and playground capacity met	X			
Center capacity met	X			
License/complaint visible	X			
Certified food manager	X			

Sanitation Approved

	In	Out	COS	N/A
Garbage and garbage bins maintained	X			
Vector control maintained	X			
Water system approved and functioning	X			
Waste water system approved and functioning	X			
Food service approved	X			

Possible Monetary Penalty

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

	Age	Child/Staff Name
1.	AS	Sym 21
2.		
3.		
4.		
5.		
6.		
7.		

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	X			
Evacuation plans posted	X			
Menus posted and served	X			
Plan of activities	X			

Building and Grounds

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

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 4Date 11-30-22

Name <u>Caledonia YMCA AS</u>	License No. <u>44CDIA-7239</u>
Address <u>9509 Wolfe Rd, Caledonia MS 39740</u>	Center/Organization/Individual
Purpose <u>Mid-Year</u>	Director <u>Christine Collins</u>
Mileage Start _____	Mileage End _____
County <u>Lauderdale</u>	Telephone No. <u>(662) 356-9622</u>
Time In <u>4:00</u>	Time Out _____
Total Time _____	

Findings/Comments Here to complete a mid year inspection.

Facility files are in compliance,
21 after scholars present,
No violations observed during the
Site Met.

Class I and II Violations may result in a monetary
penalty, repeated violations can result in the
doubling of the penalty suspension or revocation of
the license,

06-2-60
 Center Director/Designee/Individual

Mary Clampt
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator