

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County De Soto Date 2-5-21						
Facility Name YHCAOLOWISburgElen License Number 5910						
Purpose MID Year Capacity 30						
All Items In Red Are Critical In Out COS N. Qualified director present	1/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out	cos	N/A	
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair				
Certified food manager Sanitation Approved Garbage and garbage bins maintained		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded				
Vector control maintained Water system approved and functioning Waste water system approved	and the second	Telephone on premises, available, and functioning				
and functioning Food service approved		Electrical outlets protected Large appliances located properly Sinks and toilets working properly				
Possible Monetary Penalty Monetary Penalty 1. \$	and the second s	Hot water at all sinks, not to exceed 120° Children barred from kitchen				
2\$	union.	Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices			0	
3\$\$	and the second	single action approved and in good working order				
5\$Age/Child/Staff Name		Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and				
1. She /7/Coreglers 142		in good working order				
2.		First aid kits stocked and easily accessible	le 📗 📗			
3.		Playground area clean, shaded, well drained and equipped and fence in good repair			П	
4.		Playground equipment meets standards				
5. 6.		Pool area clean, fenced, and adequately maintained				
7. L	and the second s	Diaper changing stations adequate in number and each fully supplied (number)				
Center Director/Individual	'	Child Care Representative	~ <u> </u>	<u>الملا</u>	bau	

White Copy - Facility File Yellow Copy Mississippi State Department of Health

Yellow Copy - Facility Operator

12-10-08

Form No. 281



Child Care Encounter

District	Date 2-5-21
Name YMCA & Lewisburg Ele Address 1717 Craft Rd Oliv Center/Org	HentaryLicense No. 5910 Report 15 38454
Purpose Mid Year Inspection	ganization/Individual Director Linda Penton
Mileage Start	Mileage End
County De So 40 Time In 3:30 Time Out	Telephone No. 662-812-1424 Total Time
Findings/Comments Here to condu Het with Linda Pe	act a mid year inspection.
COUID 19 recommenday	tions are being
MSDH 121s Staff	- in compliance,
LOS staff	in compliance.
CPR/First Aid Staff	- in compliance.
penalty. Repeated viola	s may result in monetary tions may result in doubling asponsion, or revocation of license
Green Survey Card giver	White Copy - Facility File Yellow Copy - Operator