



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County HindsDate 12.2.2021Facility Name Blessed Beginnings 2, Inc.License Number #7SSDPurpose Midyear Inspection

Capacity \_\_\_\_\_

**All Items In Red Are Critical**

Qualified director present

Proper staff to child ratio present

Room and playground capacity met

Center capacity met

License/complaint visible

Certified food manager

In Out COS N/A

☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐**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**

1. \_\_\_\_\_ Monetary Penalty \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

**Age/Child/Staff Name**1. 5-9 | 4 | T. Smith2. 2-4 | 9 | L. Smith

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**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

☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐☒ ☐ ☐ ☐**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 2)☒ ☐ ☐ ☐☒ ☐ ☐ ☐

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