



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

Eva Covington Head Start Center  
145 Teasdale Road  
Charleston Ms 38921  
License # 4194 Capacity 158  
Director: Catherine Hubbard

Date 10/22/647-5352

License Number \_\_\_\_\_

Purpose mid-yearCapacity 158**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**

	In	Out	COS	N/A
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/Staff Name**

1.	
2.	No children
3.	present
4.	
5.	
6.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building and Grounds**

	In	Out	COS	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 2)

Child Care Representative

Center Director/Individual

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**

Eva Covington Head Start Center

145 Teasdale Road

Charleston Ms 38921

License # 4194 Capacity 158

Director: Catherine Hubbard

Center Organization

Date 01/14/2021District 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Purpose Mid-Year

Director \_\_\_\_\_

Mileage Start \_\_\_\_\_

Mileage End \_\_\_\_\_

County TallahatchieTelephone No. (662) 647-5352Time In 9:00 AMTime Out 10:10

Total Time \_\_\_\_\_

**Findings/Comments**

Here for mid-year inspection. Upon arrival licensure met with the director Catherine Hubbard.

The licensure observed no children present during time of inspection.

Children and Staff MSPH 121 form - Compliance.  
Staff letter of suitability - Compliance.

Kitchen received letter grade "A"

Building / Ground - Compliance.

Child Care Questionnaire left @ facility with director.

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

Cathy Ann

Center Director/Designee/Individual

Phelma Shoggy

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date 01/14/2009
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

10 critical violations	"A"
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code ITS
Please Remit within 10 days to:	

Bill Gordon      301820  
 Certified Manager      Licence Number

Facility Signature <i>[Signature]</i>
Environmental Signature <i>[Signature]</i>

White Copy - Facility  
 Yellow Copy - PIMS  
 Pink Copy - Environmentalist

Center Name \_\_\_\_\_

YES NO N/A

1. ☒ ☐ ☐ Playground fence less than 5 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
2. ☒ ☐ ☐ 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
3. ☒ ☐ ☐ Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)
4. ☒ ☐ ☐ AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
5. ☒ ☐ ☐ No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)
6. ☒ ☐ ☐ Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)
7. ☒ ☐ ☐ Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)
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 47)
9. ☒ ☐ ☐ Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)
10. ☒ ☐ ☐ Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)
11. ☒ ☐ ☐ If swings are present, are S-hooks in good repair? If not, state deficiency \_\_\_\_\_ (CPSC 3.2, pg13)
12. ☒ ☐ ☐ If slide is present, is exit height/exit zone adequate? If not, state deficiency \_\_\_\_\_ (CPSC 5.3.6.4-5 pgs 34-35)
13. ☒ ☐ ☐ Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)
14. ☒ ☐ ☐ Is age-appropriate equipment being used? If not, state which pieces are inappropriate \_\_\_\_\_ (Rule 1.10.2, pg 36)
15. ☒ ☐ ☐ Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 49)
16. ☒ ☐ ☐ Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
17. ☒ ☐ ☐ Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
18. ☒ ☐ ☐ Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director \_\_\_\_\_

Licensing Official \_\_\_\_\_

Pradma Shoojag