



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Lafayette</u>	Date <u>12-08-02</u>
Facility Name <u>Mary Cathy Head Start</u>	License Number <u>4631</u>
Purpose <u>Renewal</u>	Capacity <u>205</u>

## 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/Staff Name
1.	<u>See Encounter</u>
2.	
3.	
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 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 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  
Mississippi State Department of Health

Yellow Copy - Facility Operator

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IIDate 12-08-22

Name <u>Mary Cathy Head Start</u>	License No. <u>4631</u>
Address <u>278 Highway 314 Oxford ms 38655</u>	Center/Organization/Individual <u>C. Hubbard</u>
Purpose <u>Renewal</u>	Director <u>C. Hubbard</u>
Mileage Start _____	Mileage End _____
County <u>Lafayette</u>	Telephone No. <u>662-234-3230</u>
Time In <u>12:23</u>	Time Out <u>2:30</u>
Total Time _____	

Findings/Comments Here to conduct a renewal inspection.The following were in compliance on today's visit.

Current CPR & First Aid  
MSDH 121 Forms for staff and children  
Current records for staff and children  
Kitchen Dissect  
Playground Check list completed  
2022 For Staff

Fire Form 333 7 Jan. 13, 2023  
Contact nos

*Albin Hubbard*  
 Center Director/Designee/Individual

*Tamika Bratcher*  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Enc (Continuation)

Facility Name

Mary Cathy Head Start

Lic

Classroom (A) 10  
4 year old

Classroom 2 (B) 14  
4 year old

Classroom 3 (EHU) 8  
1-3 year old

Classroom 4 (F) 15  
4 year old

Classroom 5 (EHU) 5  
1-3 year old

Classroom 7 (D) 12  
3 year old

Classroom 8 (E) 13  
3 year old

Cathy Head

Center Director/Designee/Individual

Tamika

Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
	Mary Cathy Head Store 38655	12-08-02

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

NO CRITICAL VIOLATIONS  
Cited on today's  
Visit.

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

Bobbie Bowie  
Certified Manager

SemiSafe  
Licence Number  
EX 4-30-24

Facility Signature
Environmental Signature

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

# Child Care Licensure Playground Checklist

Center Name Mary Cathy Head Start Inspection Date (4631) 12-08-22

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC 2.4.2 pg 9-10 & 4.3)
- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☒ ☐ ☐ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
(CPSC 3.2, pg 14  
2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☒ ☐ ☐ 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 & CPSC 5.3.7 pg 36-37)
- ☒ ☐ ☐ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
(Rule 1.10.2 pg 46  
& CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director Cathy Head Licensing Official Tamika Bratcher