



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Oktibbeha Date 2/18/20

Facility Name Oktibbeha Co. Head Start License Number 530FIH-1915

Purpose Six Month Inspection Capacity 229

All Items In Red Are Critical

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

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

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

Age/Child/Staff Name

1.	<u>SEE CONTINUATION ENCOUNTER 4</u>
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

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

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 _____)	☐	☐	☐	☐

Center Director/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IV

Date 2/18/2020

Name	<u>Oktibbeha County Head Start</u>		License No.	<u>53CFH-1915</u>
Address	<u>1617 Hwy. 25 S, Starkville, MS 39759</u>			
	Center/Organization/Individual			
Purpose	<u>Six Month Inspection</u>	Director	<u>Kimberly Taylor</u>	
Mileage Start		Mileage End		
County	<u>Oktibbeha</u>	Telephone No.	<u>662-324-1508</u>	
Time In	<u>9:36</u>	Time Out	<u>12:10</u>	Total Time

Findings/Comments Here to conduct a six month inspection.

Violations: Subchapter 6: Facility Records, Rule 1.6.3 (8) states in part, "Each facility shall maintain a notebook containing copies of the MSDH Certificate of Immunization Compliance (MSDH Form #121) for both staff and children at the facility..."

Findings: Based on observations and review of staff and childrens records, the facility failed to assure that they had a current MSDH #121 on each employee and child. Record review revealed one employee record lacked a valid MSDH 121 form.

Plan of Correction:

1) What measures will you, as a facility, put into place to correct the immediate violation and how will you prevent recurrence of the violation?

Child Care Questionnaire was provided to Kimberly Taylor at the exit conference.
 - Have Driver go to Regular Physician or H.D. to get correct S.R.
 "Class I & II violations may result in a monetary penalty. Repeated violation may result in the doubling of the monetary penalty, suspension or revocation of the license."

[Signature]
 Center Director/Designee/Individual

[Signature]
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2/28/20

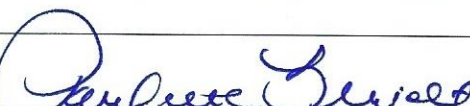
Facility Name Ukiahbeha Co. Head Start License No. 53CFIH-1915

2) Who will be responsible for monitoring to prevent recurrence of the violation? Director - Kimberly Keylor

3) What is the date of expected completion for compliance Due by March 3, 2020 (14 days)

Technical Assistance: Preference in prequelation immunizations required proof for employees regardless of age, must show proof of immunity to rubella by two methods.


Center Director/Designee/Individual


Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2/18/20

Facility Name Oktibbeha Co. Head Start License No. 53CFIH-1915

Classroom	CAPACITY	AGE	# of Children	Teacher/Caregiver Present
(E) G # 6	21	3-4	18	1 & 2
F # 5	21	3-4	18	3 & 4
H # 3	21	3-4 yrs	16	5 & 6
(G) I # 4	21	3-4 yrs	19	7 & 8
J # 1	20	3-4 yrs.	18	9 & 10
A # 7	21	4-5 yrs.	17	13 & 14
✓ D # 8	21	4 yrs	17	15 & 16
B # 9	21	4-5 yrs	18	17 & 18
C # 10	21	4-5 yrs.	19	19 & 20
E # 11	21			
I) K # 2	20	3 yrs.	13	11 & 12

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 1915	Facility Name, Address Dhahbaha County Health Ctr.	Date 2/19/20
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

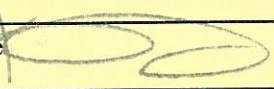
P-155	Lunch Menu: Baked Ham Whole Kernel Corn Broccoli Wheat Bread Milk - Lowfat Water
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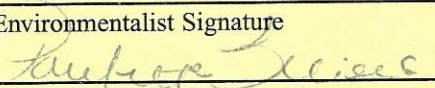
☒ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00
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Kimberly Taylor
 Certified Manager
 Licence Number 110449182
 Expires: 5/10/2023

Permit Date _____ Environmentalist Code (702)

Please Remit within 10 days to:

Facility Signature 

Environmentalist Signature 

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

Child Care Licensure Playground Checklist

Center Name OKTIBBEHA COUNTY HEAD START CENTER

Inspection Date 2/19/20

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 ½" 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) draining at encounter
- ☒ ☐ ☐ 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 [Signature]

Licensing Official PAULETTE ELLIOTT, CCFI II