MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Oktibbeha Date 2/18/20

Facility Name Oktibbeha Co. Head Start License Number 52CFIH-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.	SEE CONTINUATION ENCOUNTER 4
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 _____

White Copy - Facility File *Yellow Copy - Facility Operator*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IV

Date 2/18/2020

Name Oktibbeha County Head Start License No. 53CFTH-1915

Address 1617 Hwy. 25 S Starkville, MS 39759
Center/Organization/Individual

Purpose Six Month Inspection Director Kimberly Taylor

Mileage Start _____ Mileage End _____

County Oktibbeha Telephone No. 662-324-1508

Time In 9:36 Time Out 12:10 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 goto 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."

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2/28/20

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

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

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

Technical Assistance: Reference in regulation: 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

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 2/18/20

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

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

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
1975	Oktibbeha County Head Start Ctr.	2/19/20

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
PASS	Lunch Menu: Baked Ham Whole Kernel Corn Broccoli Wheat Bread Milk - Water Water

Kimberly Taylor — Certified Manager

11244182 — Licence Number

Expires: 5/10/2023

☑ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmentalist Code: Pe2

Please Remit within 10 days to:

Facility Signature: [signature]

Environmentalist Signature: [signature]

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

Mississippi State Department of Health

Form 301 Revised 2/15/08

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)* Raining 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 _____ *(CPSC5.3.6.4-5 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 _____ Licensing Official PAULETTE ELLIOTT, CCFI II