MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District_____ Date 2/19/20

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

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

Purpose Follow-Up Documentation Director Kimberly Taylor

Mileage Start_____ Mileage End_____

County Oktibbeha Telephone No. 662-324-1508

Time In_____ Time Out_____ Total Time_____

Findings/Comments Recieved the following follow-up documentation regarding cited violation during the February 18, 2020, six Month Inspection:

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

Verified and recieved one employee MSDH 121 Form requested up-to-date.

Center Director/Designee/Individual

Paulette Elliott
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator