



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County OktibbehaDate 11/7/19Facility Name Starville Linc. WeekdayLicense Number 53CPRFSM-1537Purpose Six Month InspectionCapacity 222

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

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

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 PGS. 3 & 4</u>
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

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

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

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

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

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

Exits unobstructed
 Required smoke detectors, carbon
 monoxide monitors, fire extinguishers
 and thermometers placed properly and
 in good working order

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

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

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

Playground equipment meets standards

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

Pool area clean, fenced, and adequately
 maintained

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

Diaper changing stations adequate in
 number and each fully supplied
 (number _____)

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

Center Director/Individual

Jessica L. Lick

Child Care Representative

Paulette Trine



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 11/7/19

District 10

Name	<u>Starkville Fumc. Weekly Ministries</u>	License No.	<u>53CFPHSM-1537</u>
Address	<u>800 W. Ramplin Street, Starkville, MS 39759</u>		
Purpose	<u>Six Month Inspection</u>	Director	<u>Sharnal Walker</u>
Mileage Start		Mileage End	
County	<u>OkTibbecha</u>	Telephone No.	<u>662-323-7382</u>
Time In	<u>9:50</u>	Time Out	<u>12:13</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 children records, the facility failed to assure that they had a current MSDH 121 on each child. Record review revealed one (1) child record lacked a current MSDH 121 form, not marked for compliance.

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? We will review all 121 forms before filing and call Drs. Office if we ever question any compliance dates on forms.

Child Care Questionnaire was provided to Mrs. J. Teck at the exit conference.

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

Jessica A. Teck
Center Director/Designee/Individual

Paulette Duize
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**

Date 9/17/19

Facility Name Starkville Fume Wockley Ministries License No. 53CFBFSM-1537

2) Who will be responsible for monitoring to prevent recurrence of this violation? Shanna Walker

3) What is the date of expected completion for compliance?
Due by November 21, 2019

Technical Assistance - Thoroughly review submitted MSD # 921 forms for compliance prior to filing. Corrective measure already in-process prior to exit conference. The child in question should not be permitted to return until compliance is met.

Jessica L. Lick
Center Director/Designee/Individual

Pauline DeLoe
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 11/14/19

Facility Name

Starkville Fun & Weekday
Ministries

License No.

534BFSM-1534

Room / Capacity	AGE	# of Children	Teacher/Caregiver #
101 (10)	Infant	4	1 & 2
102 (10)	Infant	5	5
104 (13)	1 yr.	5	8 & 9
105 (13)	2 yrs.	8	3 & 4
106 (13)	2-3 yrs.	11	12 & 13
107 (13)	1-2 yrs.	7	6 & 7
108 (13)	2-3 yrs.	11	16 & 17
109 (13)	1 yr.	7	10 & 11
111 (13)	1-2 yrs.	7	14 & 15
1 (18)	3-4 yrs.	12	24
2 (13)	3-4	11	25
3 (18)	4 yrs.	9	21 & 22
4 (13)	3 yrs.	12	20
5 (18)	4 yrs.	11	19
6 (18)			
7 (18)	3-4 yrs	13	18

Jessica A. Hick

Center Director/Designee/Individual

Paula Lee

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID 1537	Facility Name, Address Starville Church of Christ Ministries	Date 11/7/19
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

PASS

Lunch Menu Provided:
Green Beans
Mashed Potatoes
Hamburger Steak
Corn Bread
Milk/Water

- ☒ 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

Permit Date

Environmental Code
922

Please Remit within 10 days to:

Shirley G. Walker
Certified Manager

Tummy Safe
Licence Number

Expires: 3/8/2021

Facility Signature
Shirley G. Walker

Environmental Signature
Pauline D. Dwyer

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

Food Service Facility Inspection Results

PIMS ID 1537	Facility Name, Address Starkville Church of Christ Ministries	Date 11/7/19
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CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

PASS

Lunch Menu Permitted
 Green Beans
 Mashed Potatoes
 Ham, Sugar, & Sauce
 Potato, Bacon, & Onion
 (2) Mashed Potatoes

<input checked="" 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 (322)
Please Remit within 10 days to:	

Shirley G. Warner
 Certified Manager

Tummy S. He
 Licence Number

Expires: 3/8/2021

Facility Signature Shirley G. Warner
Environmental Signature Tummy S. He

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

Child Care Licensure Playground Checklist

Center Name STARKVILLE FUMC WEEKDAY MINISTRIES

Inspection Date 11/7/19

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)
POOR-IN-PLACE surrounding equipment structure
- ☒ ☐ ☐ 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 Jessica L. Jack

Licensing Official PAULETTE ELLIOTT, CCFI II