

# **Child Care Facility Inspection Report**

SALTILLO HEAD START License # 5808 Director: KRISTI COMPTON Inspection Date: 02/16/2022 Annual/Mid Inspection Inspector: Thelma Shegog

## **Program Administration Violations Cited**

- 1. Out of Compliance: All staff members have mandatory 15 contact hours on file (no more than five hours of in-house training may be provided by the child care facility. Acceptable topics for training may include: (a) health and safety, (b) child growth and development, (c) nutrition, (d) planning learning activities, (e) discipline, (f) linkages with community services, (g) communications with families, (h) detection of child abuse, (i) advocacy for early childhood programs, (j) professional issues. (Rule 1.5.8 Page 25)
- 2. Out of Compliance: All required facility records are present and up-to-date: (1) child and employee attendance records, (2) alphabetical roster of children, (3) alphabetical roster of staff and volunteers, (4) current license, (5) records of monthly fire /disaster drills, (6) medication log, (7) volunteer log, (8) notebook of 121 forms for staff members and children w/roster, (9) notebook with Letters of Suitability for all employees w/roster. (Rule 1.6.3 Page 29)

Plan of Correction

1. POC: licensing official observed ten children missing current 121 form. Please submit within 14 days from today day.

**Person Responsible:** Director **Date for Completion:** 14 Days

## **Kitchen Violations Cited**

No violations cited.

## **Nutritional Guidelines Violations Cited**

No violations cited

# **Playground Violations Cited**

No violations cited.

#### **Preschool Classroom Violations Cited**

Four - Classroom Number: 2 No violations cited.

Preschool Classroom - Classroom Number: 2

<u>Three - Classroom Number: 1</u> No violations cited.

Preschool Classroom - Classroom Number: 1

<u>Three - Classroom Number: 3</u> No violations cited.

Preschool Classroom - Classroom Number: 3

#### Legend

- COS: Corrected on Site
- POC: Plan of Correction

#### **Child Care Director Signature**

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#### **MSDH Licensure Representative Signature**

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