Child Care Facility Inspection Report

FULTON HEADSTART

License #: 1098

Director: BETTIE RATLIFF

Inspection Date: 03/23/2021

Annual/Mid Inspection

Inspector: Jessica Heap

Program Administration Violations Cited

No violations cited.

Kitchen Violations Cited

1. A Certified Food Manager or designated person in charge is present who can demonstrate knowledge and perform duties. (FC 2-101.11, 2-102.11, & 2-103.1)

Plan of Correction

1. **POC:** Based on observation during the record review, the facility failed to maintain an up-to-date food manager certification. The food manager certification expire February 2021. During the inspection, technical assistance was given to director on scheduling a tummy safe exam for kitchen staff. Exam was scheduled during the inspection. Director/ kitchen staff will be responsible for ensure]ing test in taken on scheduled date and when certificate is obtained, it is submitted to licensing official. This will be completed by April 23, 2021.
Person Responsible: Director / Kitchen Staff   **Date for Completion:** 30 Days- April 23, 2021

Nutritional Guidelines Violations Cited

No violations cited.

Playground Violations Cited

No violations cited.

Twos Classroom Violations Cited

Unit 2 - Classroom Number: 2
No violations cited.

Twos Classroom - Classroom Number: 2

Unit 3 - Classroom Number: 3
No violations cited.

Twos Classroom - Classroom Number: 3

Preschool Classroom Violations Cited

Unit 6 - Classroom Number: 6
No violations cited.

Preschool Classroom - Classroom Number: 6

Unit 5 - Classroom Number: 5
No violations cited.

Preschool Classroom - Classroom Number: 5

Unit 4 - Classroom Number: 4
No violations cited.

Preschool Classroom - Classroom Number: 4

Unit 7 - Classroom Number: 7
No violations cited.

Preschool Classroom - Classroom Number: 7

Unit 1 - Classroom Number: 1
No violations cited.

Preschool Classroom - Classroom Number: 1

Legend

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

Child Care Director Signature

Bettie Ratliff

MSDH Licensure Representative Signature