MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II

Date 7-27-2026

Name Fulton Headstart License No. 1098

Address 532 South Church St. Tupelo 38804

Center/Organization/Individual

Purpose _____ Director Bettie Ratliff

Mileage Start _____ Mileage End _____

County Itawamba Telephone No. 662-862-3928

Time In ____ Time Out ____ Total Time ____

Findings/Comments The licensing official received the signed Acknowledgment letter from the provider.

Kimberly Clark

Center Director/Designee/Individual *Child Care Representative*

White Copy - Facility File
Yellow Copy - Operator