



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4Date 12/30/20

Name Love and Learn License No. _____
 Address 851 Main St, Crawford MS 39743
 Center/Organization/Individual _____
 Purpose Initial (Change of ownership) Director Traci Samble
 Mileage Start _____ Mileage End _____
 County Saunder Telephone No. _____
 Time In _____ Time Out _____ Total Time _____

Findings/Comments Upon arrival licensure met with
Buyer/new owner. Here to complete a
change of ownership.
 * Floor plans was signed along with
Capacity worksheet.
 * Kitchen form completed and kitchen
received an (4).
Change of ownership forms signed by
new owner. (MT)
 * Change of ownership will be completed
once owner of facility sign the change
of ownership of Love and Learn #3718.

Center Director/Designee/Individual

Mississippi State Department of Health

Child Care Representative

Revised 6-24-09

White Copy - Facility File
Yellow Copy - Operator

Form No. 287

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address <u>Gove and Leavelle</u> <u>851 Main St, Crawford MS</u>	Date <u>10/30/20</u>
---------	--	----------------------

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

<i>No violations observed during this site visit</i> (A)	
--	--

☐ 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 <u>MH4</u>
-------------	-------------------------------

Please Remit within 10 days to:

<u>Sandra Chandler</u>	<u>Serv Safe</u>
Certified Manager	Licence Number

Facility Signature <u>[Signature]</u>
Environmental Signature <u>Mary Thompson</u>

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