MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IX Date 2-12-2021

Name Isiah Frederick HS License No. 02-12-2021

Address 3410 Jackson St. Gulfport
Center/Organization/Individual

Purpose Mid-Year Director A. Thomas

Mileage Start _____ Mileage End _____

County Harrison Telephone No. _____

Time In 11:00 AM Time Out _____ Total Time _____

Findings/Comments

Facility is operating virtually, no children are present at the facility.

Meals are being provided. A kitchen Inspection was completed, no deficiencies were observed.

Angela Thomas
Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Food Service Facility Inspection Results

PIMS ID	Facility Name, Address	Date
7489	Isiah Fredericks 3410 Jackson St, Gulfport, MS	2-12-2021

CRITICAL VIOLATIONS	CORRECTION PLAN AND SCHEDULE
none	A

☐ 92020 Scheduled	☐ 92010 Permit No Charge
☐ 92030 Followup	☐ 92015 Permit 1 $30.00
☐ 92040 Complaint	☐ 92011 Permit 2 $100.00
☐ 92050 Consultation	☐ 92012 Permit 3 $150.00
☐ 92070 Plan Review/Const.	☐ 92013 Permit 4 $200.00
☐ 92080 No Inspection	
☐ 92090 Restaurant Training	
Permit Date	Environmentalist Code
Please Remit within 10 days to:	

M. Parker
Certified Manager

ServSafe
Licence Number

Facility Signature	Angela Thomas
Environmentalist Signature	Amanda K.

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