MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6 Date 7-14-21

Name First Methodist Day Care License No. _____

Address 563 E Main Street
Center/Organization/Individual

Purpose Follow-up Director ~~Victoria~~ Carla Davis

Mileage Start _____ Mileage End _____

County Neshoba Telephone No. 601-656-1417

Time In _____ Time Out _____ Total Time _____

Findings/Comments Upon arrival the licensing offical was greeted by the director. The licensing offical came in to conduct a follow-up on letters of suitublity. TA was provided on MSDH web site. TA was provided on 121's for staff and children. The licensing offical checked contact hours and 121 form for staff and children. All was incompliance with the MSDH regulations. Please summit Contact hours within license year July 31, 2021

Center Director/Designee/Individual

Mil Brum
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator