



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

IV

Date

7/30/20

Name

First Baptist Day Care

License No.

S0CCBF5M-1363

Address

205 West Park Street, Louisville, MS 39339

Center/Organization/Individual

Purpose

Virtual Mid-Year Inspection

Director

Jennifer Weeks

Mileage Start

Mileage End

County

Winston

Telephone No.

662-773-9332

Time In

Time Out

Total Time

Findings/Comments

Received acknowledgment by facility operator assuring review of records and building compliance are all up-to-date and that the facility is free of hazards.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator

Please sign the acknowledgment below and send back to your licensing official.

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Jennifer Weeks (name), serve in the capacity of owner, director, or director designee of First Baptist Daycare (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are up-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Jennifer Weeks
Director Signature

7/30/2020
Date of Signature