



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

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District 7

Faith Presbyterian

400 Magee Drive

Brookhaven MS

(601) 833-0098 Lic#1570

Capacity: 82

Date 2/26/2020

Name \_\_\_\_\_

se No. \_\_\_\_\_

Address \_\_\_\_\_

Center/Organization/Individual

Purpose

Follow-up POC

Director

Jane Statham

Mileage Start \_\_\_\_\_

Mileage End \_\_\_\_\_

County

Lincoln

Telephone No. \_\_\_\_\_

Time In \_\_\_\_\_

Time Out \_\_\_\_\_

Total Time \_\_\_\_\_

Findings/Comments

POC on the Child Care Encounter dated 1.14.2020 required facility to submit documentation of contact hours for staff and pictures of corrected violation.

Requested documentation received 2/26/2020

Upon review, POC was followed and violation was corrected.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator