MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District_____ Date 03-28-22

Name Kids Landing Child Care & Learning Center License No. 1188

Address 4641 Rob Dr Tupelo Ms. 38801

Center/Organization/Individual

Purpose POC Follow up Director Callie Wren

Mileage Start_____ Mileage End_____

County Lee Telephone No. 662-844-4144

Time In_____ Time Out_____ Total Time_____

Findings/Comments POC on electronic inspection dated 2-16-22 required the facility to submit the following:

Menus
Src. Form 333
Staff Contact hours
Payment
Application

Requested documents were rec'd 03-28-22. Upon review, POC was followed and violations were corrected.

Center Director/Designee/Individual

Trinika Bratcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator