MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____ Date 4.6.21

Name Shiny Star License No. 7067

Address 615 Hwy 51 N Brookhaven MS
Center/Organization/Individual

Purpose Follow-up Director Belinda Anthony

Mileage Start _____ Mileage End _____

County Lincoln Telephone No. (601) 967-2001

Time In _____ Time Out _____ Total Time _____

Findings/Comments POC on Child Care encounter dated 4.6.21 required facility to submit pictures of corrected violations:

Requested picture received via email on: 4.6.21

Upon review POC was followed and violation was corrected.

Off site inspection (S)
Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator