



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IVDate 8/6/20

Name	<u>Destiney's Day Care Inc.</u>	License No.	<u>800CPFA-6810</u>
Address	<u>1444 E. Main Street, Louisville, MS 39339</u>		
Purpose	<u>Virtual Mid-Year Inspection</u>		
Mileage Start		Mileage End	
County	<u>Winston</u>	Telephone No.	<u>662-736-2852</u>
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

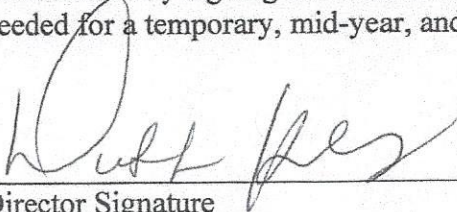
 White Copy - Facility File
 Yellow Copy - Operator

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, Deborah Holmes (name), serve in the capacity of owner, director, or director designee of Destiny's Daycare Inc. (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.



Director Signature

8/6/2020

Date of Signature

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