



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IXDate 7-10-18

Name City of Gulfport Summer Camps License No. _____
 Address 1410 24th Ave, Gulfport
 Center/Organization/Individual
 Purpose Inspection follow-up Director _____
 Mileage Start _____ Mileage End _____
 County Harrison Telephone No. _____
 Time In 12:00 pm Time Out 2:00 Total Time _____

Findings/Comments Came today to review ~~Summer~~ Camp
Staff records

Bel-Aire Elementary Summer Day Camp
 10531 Klein Rd, Gulfport 39503
 228-868-5700 Lic. No.: 5607
 Director: Sherri Davis

Staff records in compliance

Harrison Central Elementary Summer Camp
 15451 Dedeaux Rd, Gulfport, MS 39503
 228-868-5700 Lic. No.: 2487
 Director: Shon Davis

Staff records in compliance

Herbert Wilson Summer Camp
 3625 Hancock Avenue, Gulfport, MS 39507
 228-868-5700 Lic. No.: 5354
 Director: Eula R Joseph

Staff records in compliance

Three Rivers Summer Day Camp
 13500 Three Rivers Rd, Gulfport, MS 39503
 228-868-5700 Lic. No.: 2027
 Director: Venita Goins

Staff records in compliance

Flash Summer Camp
 3319 19th Street, Gulfport, MS 39501
 228-868-5700 Lic. No.: 4151
 Director: Marilyn Smith - Hale

Staff records in compliance

For Renewal: Application (online), fee (waived), ~~for~~
fire inspection 333 (email copy to amanda.smith@mdh.ms.gov)
Business Card + Survey Provided

[Signature]
 Center Director/Designee/Individual

[Signature]
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator