



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 6Date 1/14/2020

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Name <u>First Baptist Preschool</u>    | License No. <u>65CDRFMA-2692</u>  |
| Address <u>154 Main St Raleigh, Ms</u> |                                   |
| Center/Organization/Individual         |                                   |
| Purpose <u>Follow-Up / POC</u>         | Director <u>Connie Smith</u>      |
| Mileage Start _____                    | Mileage End _____                 |
| County <u>Smith</u>                    | Telephone No. <u>601 782 5565</u> |
| Time In _____                          | Time Out _____                    |
| Total Time _____                       |                                   |

Findings/Comments POC on Child Care Encounter dated 1/9/2020 required facility to submit documentation of valid 121 forms for four (4) children. Requested documentation received 1/14/2020.

Upon review, POC was followed and violation was corrected.

Center Director/Designee/Individual

Lakisha Everett  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator