



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 5-22-2020

Name <u>Genesis Childcare</u>	License No. <u>5475</u>
Address <u>532 South Church Street Tupelo</u> Center/Organization/Individual	
Purpose <u>Renewal</u>	Director <u>Betty Dilworth</u>
Mileage Start _____	Mileage End _____
County <u>Lee</u>	Telephone No. <u>662-566-7477</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments The renewal application, renewal fee, Fire form #333, and menus have been received.

Proof of vehicle insurance, liability statement, contact hours, letters of suitability, and MSDH form #121 have also been received.

Contact hours for each staff member submitted have been reviewed and approved.

Letters of suitability and MSDH form #121 for each staff member submitted are in compliance.

MSDH form #121 for each child submitted are in compliance.

Monthly fire/disaster drills were received and in compliance.

Proof of current CPR/FA was also received.

Center Director/Designee/Individual

Kimberly Clark
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator