



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District ✓ 60Date 1-20-21

Name <u>Curtain Climbo</u>	License No. _____
Address <u>1842 Bank Newell Rd.</u>	
<i>Center/Organization/Individual</i>	
Purpose <u>Off Site</u>	Director <u>Natalie Smith</u>
Mileage Start _____	Mileage End _____
County <u>Lauderdale</u>	Telephone No. <u>601-644-9200</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments

POC on child care encounter dated 1.19.21 requested facility to submit documentation of a valid 121 form
 Requested document received 1-20-21 upon review POC was folled and violation was corrected

Center Director/Designee/Individual

Mimi Breen
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator