



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 10-14-20Name Mizz Afterschool License No. _____Address 222 N Oak Street mizz ms 39116
Center/Organization/IndividualPurpose Initial Final Director Carrie Wood

Mileage Start _____ Mileage End _____

County Smith Telephone No. 601-382-4191

Time In _____ Time Out _____ Total Time _____

Findings/Comments The director / owner sent pictures of Activity Schedule on wall Oct. 12, 2020. The director / owner sent Pictures of the hot water in restroom the water temperature was 109. The director / owner sent a picture of the sign over the hand washing sink. October 11, a picture of the estimate and explanation of the building materials from the contractor was sent with a date when the building was built ~~was~~ for the lead test. This building was built March of 2020 this is a new construction no lead test required. A copy of the fire form was sent to the licensing official. All insurance and insurance cards was up-to-date. A thermometer was put in the freezer. All corrections was made from the Initial inspection on 10-6-20. The licensing official will approve initial application. A email will be sent to provider to pay license fee. Application No. 20200521000202

Center Director/Designee/Individual

M. B. B. B.
Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator