



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IV Date 04-19-22

Name Barnett's Day Care Center License No. _____

Address 1417 County Road 428 Houma, MS 38850

Purpose DOC Follow Up Center/Organization/Individual _____

Director Gudy Barnett

Mileage Start _____ Mileage End _____

County Chickasaw Telephone No. 662-568-2203

Time In _____ Time Out _____ Total Time _____

Findings/Comments

DOC on electronic inspection dated 03-18-22 required the facility to submit the following:

- Menus
- Fire form 333
- Document
- Application

Requested documents were rec'd 03-31-22. Upon review, DOC was followed and violations were corrected.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator