



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 10/29/2021

Name <u>Dion Dotson</u>	License No. _____
Address <u>143 Central Ave Laurel, Ms 39440</u>	Center/Organization/Individual _____
Purpose <u>Initial Inspection</u>	Director <u>Dion Dotson</u>
Mileage Start _____	Mileage End _____
County <u>Jones</u>	Telephone No. <u>601 470-3384</u>
Time In _____	Time Out _____ Total Time _____

Findings/Comments

The licensing came to conduct a Initial Inspection.
 The licensing official was greeted by Dion Dotson.

The following items are needed to complete inspection:

- Fire Form 333
- Zoning Letter
- water / waste bill
- Proof of age of building
- director transcript
- Menu's
- Serve Safe or Tommy Safe
- playground area needs to be fenced in with 2 gates
- 1 mile / 5 mile emergency relocation site
- Parent Hand book
- waiver for no liability insurance
- transportation policy
- emergency policy
- church insurance policy

Please contact licensing official when all items have been completed.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator