



MISSISSIPPI STATE DEPARTMENT OF HEALTH

District 5

Klub Kids
615 Choctaw Street West
Magee, MS
39111
(601) 849-477 Lic# 4835
Capacity 48

ter

Date 9.11.18

Name _____

Address _____

Purpose Follow-up POC

Center/Organization/Individual _____

Director Brittney Hill

Mileage Start _____

Mileage End _____

County Copiah

Telephone No. _____

Time In _____

Time Out _____

Total Time _____

Findings/Comments

POC on child care encounter dated 8.17.18
required facility to submit documents: Contact
hours for staff, fire safety form, 2 weeks menu

Requested document received on: 9.11.18

Upon review, POC was followed and violation was
corrected.

Center Director/Designee/Individual _____

Child Care Representative _____

White Copy - Facility File
Yellow Copy - Operator

Date _____ Page ____ of ____

Mississippi State Department of Health

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Form No. 287

License No. _____