MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 7 Date 10.4.21

Name Thompson Head Start License No. Pending

Address 1038 N. Union Street, Natchez, MS 39121
Center/Organization/Individual

Purpose Initial Director A. Jackson

Mileage Start ____ Mileage End ____

County Adams Telephone No. 601.445.8878

Time In ____ Time Out ____ Total Time ____

Findings/Comments Arrived at facility and met with A. Jackson, C. Ford, Clark.

The following correction are needed:

- Chipped paint in classrooms
- Adequate lighting in all classrooms
- Adequate cooking appliances
- Director transcript
  * Director 121 Form
  * Copy of Director's - Director Orientation 13.2 Part 2 Child care Regulations
  * Director Designee - Child Care Regulations Part 1 & 2
- CPR / First Aid Certification for (1) employee
- Handbook - Discipline Policy
- Emergency - 1 mile & 5 mile Relocation Site
- Proof of Vehicle Insurance
- Playground - Pressure wash equipment and have grass cut before opening.

Center Director/Designee/Individual

Lekesha Sonafu
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator