MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5 Date 7.11.22

Name Arise / Shine : MBK License No. 7648

Address 25096 Hwy 51 Crystal Springs MS 39059
Center/Organization/Individual

Purpose TA / Follow-up Director ____

Mileage Start ____ Mileage End ____

County Copiah Telephone No. ____

Time In ____ Time Out ____ Total Time ____

Findings/Comments Arrived at the facility to conduct a follow-up inspection and provide technical assistance with provider.

An additional infant room was added to the facility, also a hand washing sink and changing table have been added to the room.

The new infant room is now ready to be used during normal operating hours.

New food prep area has been added to the facility with handwashing sink and a prep table to received any / all meals during normal operating hours.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator