MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 9.21.22

Name Leanne's LC License No. 7556

Address 138 Richardson Rd

Center/Organization/Individual

Purpose Technical Assistance Director Leanne Manning

Mileage Start _____ Mileage End _____

County Pearl River Telephone No. 601.749.6042

Time In _____ Time Out _____ Total Time _____

Findings/Comments Director requested to have additional room measured.

Room 5 was measure for 4 infants.

Infants will be moved to room 5 which was current the office and the office will be where the infant room 5 was. Updated on flour plan and capacity work sheet.

Leanne Manning
Center Director/Designee/Individual

Shanetha Bennett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator