



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection Report

ALPHABEST-LYMAN ELEMENTARY

License #: 4560

Director: TONYA MCNEAL

Inspection Date: 11/03/2021

Annual/Mid Inspection

Inspector: Amanda Smith

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### Program Administration Violations Cited

No violations cited.

#### Plan of Correction

1. **POC:** App Fee Fire

**Person Responsible:** Nicole White **Date for Completion:** Renewal

### Kitchen Violations Cited

No violations cited.

### Nutritional Guidelines Violations Cited

No violations cited.

### Playground Violations Cited

No violations cited.

### School Age Room Violations Cited

Gym - Classroom Number: 1

No violations cited.

School Age Room - Classroom Number: 1

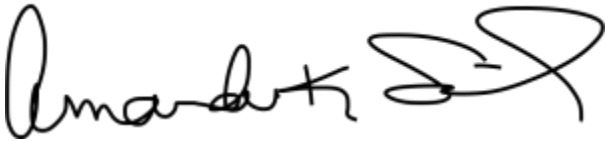
### Legend

- COS: Corrected on Site
- POC: Plan of Correction

## **Child Care Director Signature**

A handwritten signature in black ink. The first part of the signature is "T. McNeely" written in a cursive, slightly slanted font. The final letter "y" is connected to a large, stylized, looping flourish that extends downwards and to the left.

## **MSDH Licensure Representative Signature**

A handwritten signature in black ink. The name "Amanda" is written in a cursive font, followed by a large, stylized, looping flourish that extends to the right.