



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 9-30-21

Name <u>Precious Hearts</u>	License No. <u>6415</u>
Address _____	
Center/Organization/Individual _____	
Purpose <u>Follow Up/TA</u>	Director <u>Ernestine Fowler</u>
Mileage Start _____	Mileage End _____
County <u>De Soto</u>	Telephone No. <u>662-890-1433</u>
Time In <u>1130</u>	Time Out <u>1PM</u> Total Time <u>1.5</u>

Findings/Comments Here to receive fine for 333 & 444.
Provided TA about entering all employees
and keeping updated in provider maintenance
Facility has paid renewal fee and submitted
renewal application on 9-16-21.

All criteria has been met for license
renewal.

E. J. Oz
 Center Director/Designee/Individual

Nina Shaban
 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator

Mississippi State Department of Health