



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 10.17.2023

Name _____

#5110-First Presbyterian Day school

Address _____

1390 North State

Jackson, Ms 39202

Phone: 601-355-1731

Purpose Requested RemeasurementDirector Kasey Shackelford

Mileage Start _____

Mileage End _____

County Hinds

Telephone No. _____

Time In 9:27 amTime Out 10:53 a.m.

Total Time _____

Findings/Comments Upon arrival the Licensing Official(s) met w/ Director Kasey Shackelford

The purpose of this visit is to conduct a requested remeasurement of (4) classrooms to add to facility capacity. Also, measure facility playground due to purchasing new equipment and fence.

Facility max capacity now is (45). Facility will go on-line to their CAR's portal to pay difference of license amount + \$ _____. Print new license and Licensing official will email food permit to director to print and post. Kitchen was measure too.

Licensing Official will email new inspection survey to be completed on today's visit.

[Signature]
Center Director/Designee/Individual

Azura Eells
Child Care Representative
Tera Sherman

White Copy - Facility File
Yellow Copy - Operator