



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 9.2.2020

Name <u>Arise and Shine</u>	License No. <u>Pending</u>
Address <u>306 W Cayuga St Crystal Springs MS 39059</u>	
Purpose <u>Initial Inspection</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Copiah</u>	Telephone No. _____
Time In <u>10:00</u>	Time Out <u>1:08</u>
Total Time _____	

Findings/Comments Arrived at the facility to conduct an initial visit.

Met with director/owner, to complete initial inspection, facility has submitted all necessary documents to complete initial setup.

Please refer to Form 286 "Data Sheet" for corrections needing to be completed. Any item marked "Out" must be in " before Final Inspection.

Doors must be changed from opening inward to opening outward.

Single action locks must installed on all exit doors.

Playground - debris has to be removed from fence
Fence area need replacing and repair
Tree protruding/ close gap/ paint tree if don't want remove gutters side building
Cover air conditioner unit gate

Kitchen - install hand washing sink

[Signature]
Center Director/Designee/Individual

[Signature]
Child Care Representative
[Signature]

White Copy - Facility File
Yellow Copy - Operator