MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Mrs. Sheila Clubhouse
735 Pittman Dr.
Mendenhall MS 39114
(601) 847-9945 License # 5285

Date 11/2/18

Name _____ License No. _____

Address _____
Center/Organization/Individual

Purpose Follow-up Director Sheila Shows

Mileage Start — Mileage End —

County Simpson Telephone No. _____

Time In 1:37 Time Out 3:40 Total Time _____

Findings/Comments Arrived at the facility and met with director stated reason for visit.

The purpose of the visit was to conduct follow-up on deficiency cited on 10/16/18.

All in compliance at this visit

"Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license."

Sheila Shows
Center Director/Designee/Individual

Tiffany Sanders
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator