



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5

Date 09.11.2010

Name _____ License No. _____

Address _____ Center/Organization/Individual _____

Purpose Initial / TA Director _____

Mileage Start _____ Mileage End _____

County Rankin Telephone No. _____

Time In 11:30 a.m. Time Out 12:59 p.m. Total Time _____

Findings/Comments

Upon arrival, the licensing official met with owner, V. McFarland.

The purpose of this visit is to conduct an initial inspection and provide technical assistance.

A guestimate measurement was conducted before final inspection and measurement would be completed. The facility is in the final stages of completing rooms. If there are no changes made, the maximum capacity worksheet will remain the same.

Center Director/Designee/Individual

Mississippi State Department of Health

Shenea Lewis
Child Care Representative
Deborah Sanders

White Copy - Facility File
Yellow Copy - Operator

Revised 6-24-09

Form No. 287