



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District IVDate 6/30/2020

Name	<u>Clay County Head Start Center</u>	License No.	<u>13CFIH-2651</u>
Address	<u>287 W. Half Mile Street, West Point, MS 39773</u>		
Purpose	<u>Virtual Mid-Year Inspection Waiver</u>	Director	<u>JO Ann Richardson / Albertina Bell</u>
Mileage Start		Mileage End	
County	<u>Clay</u>	Telephone No.	<u>662-494-4985</u>
Time In		Time Out	
		Total Time	

**Findings/Comments** Received acknowledgment by facility operator assuring review of records and building compliance are all up-to-date and that the facility is free of hazards.

Per Mrs. Bell, Mrs. J. Richardson formally will be transferred to Clay County Head Start Center July 30, 2020 as Site Director.

\_\_\_\_\_  
Center Director/Designee/Individual

Pauline Givens  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

**Please sign the acknowledgment below and send back to your licensing official.**

This letter is an acknowledgment from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Albertina Bell (name), serve in the capacity of owner, director, or director designee of Clay County Head Start (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are up-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Albertina Bell  
Director Signature

6/30/2020  
Date of Signature