

## **Child Care Encounter**

| District 2                          | Date_ 3 3 10 2 1                                  |
|-------------------------------------|---|
| Name NOah's ATK                     | License No. 0032                                  |
| Address 615 E Parker Dr; Box        | Senter/Organization/Individual                    |
| Purpose Fallow Up POU Technica      | Cel ASSISTANTAGOTOR TEYESA COOPEY                 |
| Mileage Start                       | Mileage End                                       |
| County Tippah                       | Telephone No. <u>(962-837-8865</u>                |
| Time Out                            | Total Time  |
| Findings/Comments COFI YCLLIVE      | d all contact hours for facility staff            |
| Contable hours were                 | received, reviewed, and approved.                 |
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| Center Director/Designee/Individual | White Copy - Facility File Yellow Copy - Operator |