Page ____ of ___ MISSISSIPPI STATE DEPARTMENT OF HEALTH **Child Care Encounter** Date District 4261 icense No. Name Addres er/Organization/Individual reen Director_ Purpose Mileage End Mileage 6 Telephone No. Count Time Out Total Time Time In **Findings** Commen 20 . 1) thon White Copy - Facility File Yellow Copy - Operator 0 a or/Designee/Individual Child Care Direc esentati

Mississippi State Department of Health

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