MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8 Date _____

Name Grace Community License No. _____

Address 30 Pioneer Rd Hattiesburg
Center/Organization/Individual

Purpose Initial Director _____

Mileage Start _____ Mileage End _____

County Lamar Telephone No. _____

Time In _____ Time Out _____ Total Time _____

Findings/Comments Final initial inspection conducted.

Form 286 all incompliance.

Flour Plan / Capacity worksheet completed and sign.

Facility max capacity is
License fee is $390.00

A email will be provided to director to prompt you for the license fee.

Center Director/Designee/Individual

Shanika Bennett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator