



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 11-14-22

Name	<u>Question and answer Learning Center</u>		License No.	<u>7391</u>
Address	<u>485 Parish Street</u>			
	<i>Center/Organization/Individual</i>			
Purpose	<u>Follow-up</u>	Director	<u>Nevenika Gamble</u>	
Mileage Start		Mileage End		
County	<u>Chickasaw</u>	Telephone No.	<u>662-631-5088</u>	
Time In		Time Out	Total Time _____	

Findings/Comments

The License official received all the required documents for Regular License.

Center Director/Designee/Individual

Thelma Shegog

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator