Form No. 287



## **Child Care Encounter**

	1			Child	I Care E	ncounter		2/20/20
District_	7							Date 2 20 22
Name_	No	ah's	Ark			License No. OC	032	
Address	3	D 40	Main	St; Riv	teu. N	28		
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Purpose	+0	llow-V	7		Dir	ector_Teresa_	Coop	er -
Mileage	Start_				Mileag	e End	•	
County_	Ti	ppah			Telepho	one No. 937-86	365	
Time In_		-		Time Out	_	Total Tir	ne	
Findings	s/Cor	nments	The .	tollowing	u)NS	received:	***************************************	
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Center 1	Direc	tor/Design	ee/Individua	1 Chile	Care Repres	sentative		

Revised 6-24-09

Mississippi State Department of Health