

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 06-18-21

District II

Name

License No.

Address

Center/Organization/Individual

Purpose

Director

Mileage Start

Mileage End

County

Telephone No.

Time In

Time Out

Total Time

Findings/Comments

Doc on child care encounter noted requested the facility to submit an approved fire form 333, payment, renewal application, 2 week menus. CCH contact has.

Doc was followed and deficiencies were corrected

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator