Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

		Child Care Encounter	1-1-0
District			Date 3 27 23
Name_UH	tle A	ngels #2 License No. 5528	
Address	1246	Boggan Dr. Turco MS Center/Organization/Individual	
Purpose	Mow-V	Director SUL HAMYS	
Mileage Star	t	Mileage End	
County	U	Telephone No	
Time In		Time Out Total Time	
Findings/Co	mments_	The facility submitted the following	g:
	- Prev	newal application fee	
	- Fi	ire Form	
***************************************	- 31	taff contact Hours	
enumenousi para un constitutadorno en vivi			
<u></u>			
Name of the State			
water-construction and the second sec			
Center Dire	ector/Desig	gnee/Individual Child Care Representative Whit	te Copy - Facility File ow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health