



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 3/27/23

| | | | |
|---------------|-----------------------------------|---------------|-------------------|
| Name | <u>Little Angels #2</u> | License No. | <u>5528</u> |
| Address | <u>1246 Boggan Dr; Tupelo, MS</u> | | |
| Purpose | <u>Follow-Up</u> | Director | <u>Sue Harris</u> |
| Mileage Start | <u>—</u> | Mileage End | <u>—</u> |
| County | <u>Lee</u> | Telephone No. | _____ |
| Time In | <u>—</u> | Time Out | <u>—</u> |
| | | Total Time | _____ |

Findings/Comments The facility submitted the following:

- Renewal application/fee
- Menus
- Fire Form
- Staff contact hours

Center Director/Designee/Individual

Kristen Taylor
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator