



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District VIIIDate 11/13/19

Name <u>Angie's Child Dev. Center</u>	License No. <u>3990</u>
Address <u>1603 Susie B. Ruffin Ave, Laurel</u>	
<small>Center/Organization/Individual</small>	
Purpose <u>Follow up</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Gones</u>	Telephone No. _____
Time In _____	Time Out _____
Total Time _____	

Findings/Comments Facility submitted fire form 333A license & permit was issued to facility.

Center Director/Designee/Individual

  
Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator