MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II Date _____

Name Della Davidson License No. 7677

Address 209 Commonwealth Blvd. Oxford MS 38655
Center/Organization/Individual

Purpose Follow-up Director Ashley Marion

Mileage Start _____ Mileage End _____

County Lafayette Telephone No. (662) 473-6060

Time In _____ Time Out _____ Total Time _____

Findings/Comments Rec'd Fire Form 333 from Ms. Bush on today's visit. All requested documents recd. Facility is in Passing Status.

Center Director/Designee/Individual

Tamika Thatcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator