MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1 Date 02-22-21

Name Hernando Head Start Center License No. 4914

Address 1290 W Oak Grove Rd Hernando, MS 38632
Center/Organization/Individual

Purpose POC Follow-Up Director Kimberly Winters

Mileage Start ____ Mileage End ____

County DeSoto Telephone No. (662-429-6817

Time In ____ Time Out ____ Total Time ____

Findings/Comments POC on Child Care Encounter dated 12-22-20 required Facility to submit documentation of staff contact hours. Requested documentation received 01-05-20. ~~Payment~~ & Fee 02-22-21

Upon review, POC was followed and Violation was corrected.

Center Director/Designee/Individual

Tamisha Bratcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

Mississippi State Department