



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

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District 6

Date 7-1-21

Name Pearl River Head Start License No. _____

Address 201 James Bullock Rd
Center/Organization/Individual

Purpose Midyear follow-up Director Michelle Hickman

Mileage Start _____ Mileage End _____

County _____ Telephone No. 601-6507719

Time In _____ Time Out _____ Total Time _____

Findings/Comments Upon arrival the licensing official was met by the director. During the facility review the toilets were repaired.

