MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6 Date 1-21-20

Name Winston Dove Hudson License No. 40CF1H-2329

Address 1305 Highway 16 West
Center/Organization/Individual

Purpose Off site Followup Director Charlotte Sanders

Mileage Start ___ Mileage End ___

County Leake Telephone No. 601-267-4205

Time In ___ Time Out ___ Total Time ___

Findings/Comments P.O.C on Child Care encounter dated 1-14-20 required facility to submit documentation of a valid 121 form. Requsted documentation recevd 1-21-20. P.O.C Upon review P.O.C was followed and violation was corrected.

Center Director/Designee/Individual

Mike Brown
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator