



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6

Date 4-28-20

Name <u>Light House Learning</u>	License No. <u>40COPF-7201</u>
Address <u>211 E Main Street</u>	Center/Organization/Individual _____
Purpose <u>Renewal FU</u>	Director <u>Felicia chipley</u>
Mileage Start _____	Mileage End _____
County <u>Leake</u>	Telephone No. <u>601-267-7676</u>
Time In _____	Time Out _____ Total Time _____

Findings/Comments P.O.C on child encounter 1-14-20 required facility to submit documentation for contact hours for renewal. Contact hours was submitted 4-28-20. m.b.

Center Director/Designee/Individual

Mia. Brian
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator