MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 3 Date 4/24/18

Name All My Children Daycare Services License No. 27CAPFA-31623

Address 100 N. Senier St. Isola MS 38754

Center/Organization/Individual

Purpose 6 month FTA Director Bobbie Miller

Mileage Start ____ Mileage End ____

County Humphrey Telephone No. (662) 962-2576

Time In 2:08 pm Time Out 2:15 pm Total Time ____

Findings/Comments The purpose for visit is for a 6th month Inspection. Licensing observed NO STAFF OR children at the facility. Please contact Licensing at (662) 887-4951 upon receiving this encounter form. Another Attempt will be made at a later date.

NO one was observed at the facility.

Encounter form was left on facility door.

NO one present to sign
Center Director/Designee/Individual

Dana Jones
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator