



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 02-20-2023Name Kiddie Korner Learning Center License No. 7309Address _____
*Center/Organization/Individual*Purpose Follow-up Director Tonya Jones/Angela Campbell

Mileage Start _____ Mileage End _____

County Panola Telephone No. 662-267-3263

Time In _____ Time Out _____ Total Time _____

Findings/Comments _____

Received fire survey, two weeks of menus , application with fee_____
Center Director/Designee/Individual

Thelma Shegog

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator