



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IIDate 11-18-20

Name <u>FBC</u>	<u>Preschool</u>	License No. <u>2798</u>
Address <u>201 W. Madison St</u>		<u>Houston, MS 38851</u>
Center/Organization/Individual		
Purpose <u>Follow up / PoC</u>	Director <u>Margaret Hollingsworth</u>	
Mileage Start _____	Mileage End _____	
County <u>Chickasaw</u>	Telephone No. <u>662-456-0013</u>	
Time In _____	Time Out _____	Total Time _____

Findings/Comments LO rec'd fire form #333, menus, and
Contact hours.

Center Director/Designee/Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator