MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6 Date 6-18-21

Name Union United Methodist Church License No. 0996

Address 303 E Jackson Rd.
Center/Organization/Individual

Purpose mid year offsite Director Sabra

Mileage Start _____ Mileage End _____

County _____ Telephone No. 601-774-8000

Time In _____ Time Out _____ Total Time _____

Findings/Comments The P.O.C. dated child encounter dated 5.18.21. required the facility to submit documentation of valid 121 forms. Requested documentation received 6-18-21.

Center Director/Designee/Individual

Mili. Brown
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator