



MISSISSIPPI STATE DEPARTMENT OF HEALTH

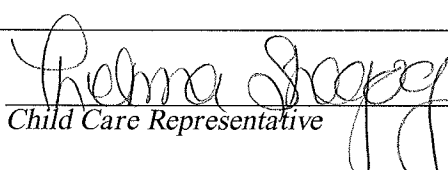
Child Care Encounter

District 1Date 10/07/2020

Name <u>A Ray of Hope School - Age</u>	License No. <u>3869</u>
Address <u>500 Cherry St. Vicksburg MS</u>	
Center/Organization/Individual	
Purpose <u>mid year</u>	Director <u>Medrie Wiggins</u>
Mileage Start _____	Mileage End _____
County <u>Shenandoah</u>	Telephone No. <u>(662) 827-2279</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments Received acknowledgment by Medrie Wiggins
assuring review of records compliance are all up-
to date during this inspection.

Center Director/Designee/Individual


 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator