



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2

Date 12/19/22

Name <u>Northeast MS Com College Child Care</u>	License No. <u>00029</u>
Address _____	
Purpose <u>Follow-Up</u>	Center/Organization/Individual _____
Mileage Start <u>—</u>	Director <u>Bonita Crump</u>
Mileage End <u>—</u>	
County <u>Prentiss</u>	Telephone No. _____
Time In <u>—</u>	Time Out <u>—</u>
Total Time _____	

Findings/Comments The facility submitted the following:

- Renewal application
- Fire Form
- Menus
- Staff Contact Hours

Center Director/Designee/Individual

Kristen Taylor
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator