



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 9Date Aug. 8, 17

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| Name <u>Gulfport Summer Camp</u>                  | License No. _____               |
| Address <u>1410 24<sup>th</sup> Ave. Gulfport</u> | Center/Organization/Individual  |
| Purpose <u>Staff Records follow-up</u>            | Director _____                  |
| Mileage Start _____                               | Mileage End _____               |
| County _____                                      | Telephone No. _____             |
| Time In <u>9:00 app.</u>                          | Time Out _____ Total Time _____ |

Findings/Comments Came today to review summer camp staff records
Three Rivers S.C. # 2987  
In compliance
Bel-Aire SC # 5607  
In compliance
Gosh SC # 4151  
In compliance
Harrison Central SC # 2487  
In compliance
Herbert Wilson SC # 5354  
In compliance
Cheryl Millender  
 Center Director/Designee/Individual

Anna L. Walters  
 Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator