



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 1

Date 8-26-21

Name <u>Lil Southern Dreamers</u>		License No. <u>6248</u>	
Address _____ <i>Center/Organization/Individual</i>			
Purpose <u>Inspection Follow up</u>		Director <u>V. Washington</u>	
Mileage Start _____		Mileage End _____	
County <u>De Soto</u>		Telephone No. _____	
Time In _____	Time Out _____	Total Time _____	

Findings/Comments Received the two employee  
updated shot records needed via email.  
All requirements have been met by  
facility to renew license.

Emailed  
Center Director/Designee/Individual

[Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator