



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District _____

Date 1-13-2023

Name	Lit Southern Dreamers	License No.	6248
Address	7705 Craft Rd, Olive Branch MS Center/Organization/Individual		
Purpose	TA / Serving Intent HR	Director	Vanessa Washington
Mileage Start	_____	Mileage End	_____
County	DeSoto	Telephone No.	901-848-5802
Time In	2:50	Time Out	3:10
		Total Time	20

Findings/Comments Here to serve the owner/operator with letter of intent to issue a restricted license.

Met with Regina Davis upon arrival.

Director designee, Regina Davis signed for this letter.

Regina Davis
Center Director/Designee/Individual

Jim Thibaut
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator