MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II

Date 6-30-20

Name Hazel Ivy License No. 0868

Address 529 Academy St. Okolona, MS
Center/Organization/Individual

Purpose Midyear Director Hazel Ivy / Cynthia Ivy

Mileage Start ____ Mileage End ____

County Chickasaw Telephone No. 662-447-5577

Time In ____ Time Out ____ Total Time ____

Findings/Comments LO recd the Acknowledgment form by the director assuring review of records, documents up-to-date, and facility free of hazards.

Center Director/Designee/Individual

Gary Pruett
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator