



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

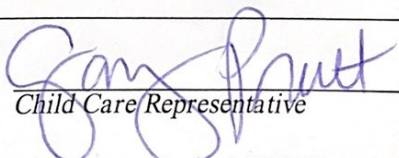
District IIIDate 6-30-20

Name <u>Hazel Ivy</u>	License No. <u>0868</u>
Address <u>529 Academy St. Okolona, MS</u>	Center/Organization/Individual
Purpose <u>Midyear</u>	Director <u>Hazel Ivy / Cynthia Ivy</u>
Mileage Start _____	Mileage End _____
County <u>Chickasaw</u>	Telephone No. <u>662-447-5577</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments

LO rec'd the Acknowledgment form by the director assuring review of records, documents up-to-date, and facility free of hazards.

Center Director/Designee/Individual


 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator