MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District IV

Date 7-1-20

Name Kid's First License No. 6817

Address 110 Mabry St. Okolona, MS
Center/Organization/Individual

Purpose Midyear Director Ruby Jenkins

Mileage Start _____ Mileage End _____

County Chickasaw Telephone No. 662-447-3600

Time In _____ Time Out _____ Total Time _____

Findings/Comments CO recd the acknowledgment form by the director Ruby Jenkins assuring review of records, up-to-date documents, and facility free of hazards.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator