



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1

Grenada Head Start Center

Date 04/01/20

Name _____

1102 Telegraph Street

Address _____

Grenada MS 38901

License # 0098 Capacity 292

Director: Ella Ford

Purpose Mid-year Inspection

Director _____

Mileage Start _____

Mileage End _____

County GrenadaTelephone No. (662) 226-6853

Time In _____

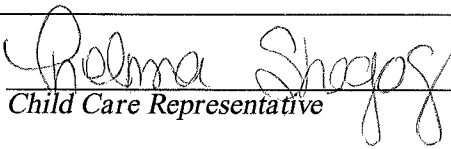
Time Out _____

Total Time _____

Findings/Comments

Received acknowledgment by facility's director
assuring review of records compliance and all up-to-date
during this inspection

Center Director/Designee/Individual


 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator