Form No. 287



Child Care Encounter

	Cilia	care Lincounter	Date 4-29-2022
District T			Date_1-2022
Name Modberde H	and Start	License No	31
	an Hill Street		
32		VIT-86	
Purpose Falae up		Director	
Mileage Start			
County Lee		Telephone No. Wood-8	KF7623
Time In		Total T	W. The state of th
Findings/Comments Re	inaval appli	cation, renause	d fee, fireform
#333 and (chaot hours	recaved.	
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			198
No.			
	-		
	.1	1 1 0/2 12	White Copy - Facility File
-	- Lus	mely leve	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/	individuai Cnild	Care Representative	

Revised 6-24-09

Mississippi State Department of Health