



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 1Date 01-06-22Name A Ray Of Hope Preschool License No. 2789Address 128 Cherry St. Grenada*Center/Organization/Individual*Purpose Follow-up Director Rosie W Obannon

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Grenada Telephone No. 662-227-9112

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

Findings/Comments All required documents have been received and approved.

Center Director/Designee/Individual

*Thelma Shegog*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator