MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 9 Date Aug. 8, 17

Name Gulfport Summer Camp License No.

Address 1410 24th Ave. Gulfport
*Center/Organization/Individual*

Purpose Staff Record follow-up Director

Mileage Start Mileage End

County Telephone No.

Time In 9:00 appr. Time Out Total Time

**Findings/Comments** Came today to review Summer camp staff records

Three Rivers S.C. # 2987
In compliance

Bel-Aire SC # 5607
In compliance

Flash SC # 4151
In compliance

Harrison Central SC # 2487
In compliance

Herbert Wilson SC # 5354
In compliance

Cheryl Millender
*Center Director/Designee/Individual*

Donna L. Walters
*Child Care Representative*

*White Copy - Facility File*
*Yellow Copy - Operator*