



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8

Date _____

Name <u>Grace Community</u>	License No. _____
Address <u>30 Pioneer Rd Hattiesburg MS 39402</u>	
Center/Organization/Individual	
Purpose <u>Initial</u>	Director <u>Wayne Walters</u>
Mileage Start _____	Mileage End _____
County <u>Lamar</u>	Telephone No. <u>601 264-3992</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments Final initial inspection conducted.Form 286 all in compliance.Flow Plan / Capacity worksheet completed and signed.Facility max capacity is 21
license fee is \$195.00A email will be provided to the director to prompt you
for the license fee.

Center Director/Designee/Individual

Sharette Benno
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator