Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH
Child Care Encounter

District		Date_3-30-26
Name Little Angels #	License No. S	52 g
12.11	r- Tupelo, MS	32 8
	Center/Organization/Individual	1
Purpose	Director Suc	farris
Mileage Start	Mileage End	
County_ Lea	Telephone No	12-840-2555
Time InTime	e Out Total Time_	
Findings/Comments 0 VCC'		
	$\cap$	
Center Director/Designee/Individual	Sa fundo	White Copy - Facility File Yellow Copy - Operator
	Child Care Representative	- Spy Operator
Mississippi State Department of Health	Revised 6-24-09	F 37 207

Revised 6-24-09