MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1 Date 11-29-2021

Name Kids Kastle Center License No. 0390

Address 833 W Govan Street Grenada Ms 38901
Center/Organization/Individual

Purpose Follow-up Director Debra Hardimon

Mileage Start ____ Mileage End ____

County Grenada Telephone No. 662-226-0094

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