

Child Care Encounter

1 Date District 5604 Name Tots For Times II License No.___ Address 1206 Desoto Ave Clarksdale MS 38614 Center/Organization/Individual Director Shikelo Benson Purpose Mid Year Mileage Start_ Mileage End_ Telephone No. 662-624-4221 _____ County Coahoma ____ Time Out_____ Total Time____ Time In Findings/Comments Conducting Virtual mid year inspection Received Copy of virtual acknowledgment. *White Copy - Facility File Yellow Copy - Operator* Shegog Center Director/Designee/Individual Child Care Representative

Mississippi State Department of Health

Form No. 287

Page ____ of ____

12/18/2022