MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District II

Date 9-9-2020

Name West Amory Head Start License No. 5797

Address 532 South Church St. Tupelo

Center/Organization/Individual

Purpose Mid Year Director D. Standifer

Mileage Start _____ Mileage End _____

County _____ Telephone No. 662-2564834

Time In ____ Time Out ____ Total Time ____

Findings/Comments Signed Mid Year Waiver received

Center Director/Designee/Individual

Kimberly Clark

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator