



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District

Date

9-10-80

Name

License No.

Address

Center/Organization/Individual

Purpose

Director

Mileage Start

Mileage End

County

Telephone No.

Time In

Time Out

Total Time

Findings/Comments

Received sign acknowledgment document
by facility operator assuring accuracy of records
relating to compliance with MS DH Childcare Regulations,
updated and free of hazards.

Center Director/Designee/Individual

Mississippi State Department of Health

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator

Revised 6-24-09

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