MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District IV

Date 8-2-21

Name Potter's House License No. 0337

Address 678 N Jefferson St. Houston, MS
*Center/Organization/Individual*

Purpose Follow up / PoC Director Levon Kinard

Mileage Start ___ Mileage End ___

County Chickasaw Telephone No. 662-448-1172

Time In — Time Out ___ Total Time —

**Findings/Comments** Co rec'd the required documents for Renewal; Fire form #333. Menus, and Contact hours.

*Center Director/Designee/Individual*

*Child Care Representative*

*White Copy - Facility File*
*Yellow Copy - Operator*