



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 6Date 6-2-21

|                                                                                        |                             |
|----------------------------------------------------------------------------------------|-----------------------------|
| Name <u>Kinderdome Day Care</u>                                                        | License No. <u>0979</u>     |
| Address <u>1056 Saint Francis Dr.</u><br><small>Center/Organization/Individual</small> |                             |
| Purpose <u>Follow-up appoite</u>                                                       | Director <u>Jane Taylor</u> |
| Mileage Start _____                                                                    | Mileage End _____           |
| County <u>Neshoba</u>                                                                  | Telephone No. _____         |
| Time In _____                                                                          | Time Out _____              |
| Total Time _____                                                                       |                             |

Findings/Comments P.O.C on Child Care encounter dated  
5.20.21 requiried the director to submit Fire Arm, menus  
and contact hours. All was submited on 6.2.21

Center Director/Designee/Individual

Mik Brown  
 Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator

