State Early Childhood Advisory Council of MISSISSIPPI

SECAC Early Childhood Spotlight Nomination Form

Name of Licensed Center_____

Name of Center's Representative that would attend the SECAC meeting: _____

Nominating SECAC Member: _____

Please provide a short statement on 1) how long the Center has been in operation, 2) the area or region it serves, 3) the number of children that it serves with a breakdown of how many certificate/TANF children and families served (if available), and 4) any other information you think would be helpful to describe the Center.

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Please give a general description of the service the Center provides and why you chose to nominate it. Why do you feel this Center is important to highlight?

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