

MISSISSIPPI STATE DEPARTMENT OF HEALTH

## District 4

Date 5-3-22

Name	Main Street	License No.	#5478
Address	701 Main Street, Columbus MS 39701		
	Center/Organization/Individual		
Purpose	Follow up	Director	Anna G, Johnson
Mileage Start		Mileage End	
County	Lowndes	Telephone No.	
Time In	Time Out	Total Time	

### Findings/Comments

~~First Aid, CPR, menus, fire form #333 and contact hours received,  
Application and fee was also entered.~~

Center Director/Designee/Individual

Mary Hampton

---

*Child Care Representative*

White Copy - Facility File  
Yellow Copy - Operator