MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4 Date 5-30-23

Name Magnolia Montessori School License No. 100177

Address 205 County Rd Oxford MS 38655
Center/Organization/Individual

Purpose Follow Up Director Brooke Tly

Mileage Start ____ Mileage End ____

County Lafayette Telephone No. 662-234-0344

Time In ____ Time Out ____ Total Time ____

Findings/Comments POC on electronic inspection dated 5-16-23 requested 2 week menus and Approved fire form 333 be submitted. Requested document received 5-30-23,

upon review POC was followed

Center Director/Designee/Individual

Trimika Thatcher
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator