

District	4		98998 ·	Date11-2-20	
Name	open Arms	Lice	License No. #6519		
Address_	8716 Wolfe Road, Colu	umbus 39705	e official official and a second seco		
Purpose_	Six Month inspection wavie	Center/Organization/Individuer	Michelle Pu	gsby	
Mileage S	tart	Mileage End			
ountylowndes		Telephone No	Telephone No		
Гіте In	Tin	ne Out	Total Time		
indings/	Comments				
	assuring review MSDH Childca	acknowledgment document /s of records, building comp re Regulations, updated an	olies with Id free of hazards		
enter Dir	ector/Designee/Individual	Mary Ha. Child Care Representative	mpton	White Copy - Facility File ellow Copy - Operator	
ississippi	State Department of Health	Revised 6-24-09		Form No. 28	