



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 4Date 11-30-21

Name <u>Coleman</u>	License No. <u>#2567</u>
Address <u>723 22ND ST S, Columbus MS</u>	
Center/Organization/Individual	
Purpose <u>Follow up</u>	Director _____
Mileage Start _____	Mileage End _____
County <u>Lowndes</u>	Telephone No. _____
Time In _____	Time Out _____ Total Time _____

Findings/Comments

Licensure received a copy of form #333 and Lars will be updated to print license.

Center Director/Designee/Individual

Mary Hampton

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator