



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

9-22-20

District 4

Date \_\_\_\_\_

Name	<u>Main Street</u>	License No.	<u>#5478</u>
Address	<u>701 Main St, Columbus MS</u>		
	<i>Center/Organization/Individual</i>		
Purpose	<u>Six Month inspection wavier</u>	Director	<u>Anna Johnson</u>
Mileage Start	_____	Mileage End	_____
County	<u>Lowndes</u>	Telephone No.	_____
Time In	_____	Time Out	_____
		Total Time	_____

## Findings/Comments

Received sign acknowledgment document by facility operator  
 assuring reviews of records, building complies with  
 MSDH Childcare Regulations, updated and free of hazards

Center Director/Designee/Individual

*Mary Hampton*  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator