



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

11-30-21

District 4Date 1-13-21

Name	<u>Lisa Christian</u>	License No.	<u>#5638</u>
Address	<u>1605 Gardner BLVD, Coumbus MS 39702</u>		
<i>Center/Organization/Individual</i>			
Purpose	<u>Follow up</u>	Director	<u>Deletha Stevenson</u>
Mileage Start		Mileage End	
County	<u>lowndes</u>	Telephone No.	
Time In		Time Out	
		Total Time	

## Findings/Comments

Director was called cncerning the renewal process. Facility is aware that the Form 333 is needed to complete renewal.

Licesure was informed by director that fire department is not doing inspections at this time.

Center Director/Designee/Individual

*Mary Hampton*  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator