MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District H

Date 9-30-20

Name Montessori School License No. 6262

Address _____ *Center/Organization/Individual*

Purpose Follow up / PoC Director Tracy Coleman

Mileage Start _____ Mileage End _____

County Lee Telephone No. 662-840-9917

Time In — Time Out — Total Time —

Findings/Comments LO recd fire form #333, Contact hours and menus. License and food permit will be emailed to the facility.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator