Form No. 287



		nu Care Encounter	1-1
District_	<i>L</i>		Date 1522
Name_	4800000 Kidz Kingdom	License No. COTF	5
Address	(a) CR, 778		
Purpose		Center/Organization/Individual Director_Shelley_F	teavener
Mileage	Start	Mileage End	
County_	Alcorn	Telephone No. <u>(402-223</u> -4	4279
Time In	Time Out_	Total Time	
Finding	s/Comments Facility foll	lowed POC from 12	21/21 inspection
	The following u - updated on	hs received:	
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NATE	,		
•			
Center D	irector/Designee/Individual Ch	ild Care Representative	White Copy - Facility File Yellow Copy - Operator

Revised 6-24-09

Mississippi State Department of Health