



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 4Date 12/6/22

Name <b>Bows &amp; Bowties</b>		License No. <b>#7266</b>
Address _____ <i>Center/Organization/Individual</i>		
Purpose <b>Follow up</b>	Director _____	
Mileage Start _____	Mileage End _____	
County _____	Telephone No. _____	
Time In _____	Time Out _____	Total Time _____

## Findings/Comments

One or more of the following was recieved by licensure official.  
By drop off at local Health Department or via email .

- \* Form 333
- \* Menus
- \* Contact Hours
- \* Updated CPR and First Aid

Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of the penalty, suspension or revocation of the license.

Center Director/Designee/Individual

*Mary Hampton*  
Child Care Representative

 White Copy - Facility File  
 Yellow Copy - Operator