

MISSISSIPPI STATE DEPARTMENT OF HEALTH

District 11

Date 6-24-22

Address 300 N Church Rd Tupelo MS

Center/Organization/Individual

Mileage Start _____ Mileage End _____

Time In _____ Time Out _____ Total Time _____

Findings/Comments

Facility has completed renewal
 ion & pd renewal fee.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator