

MISSISSIPPI STATE DEPARTMENT OF HEALTH

## District 4

Date 5-6-21

Name	Main Street	License No.	#5478
701 MAIN ST, Columbus MS 39702			
Address			
	Center/Organization/Individual		
Purpose	Follow up	Director	Anna Johnson
Mileage Start		Mileage End	
County	Lowndes	Telephone No.	
Time In	Time Out	Total Time	

### Findings/Comments

Licensure received a copy of form #333 and Lars will be updated to print license.

Center Director/Designee/Individual

Mary Hampton

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*Child Care Representative*

White Copy - Facility File  
Yellow Copy - Operator