

District		Cilia Care L	incounter	Date 10-25-21
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Address 7488	Pl-easont t	Center/Organization	Branch +	ک
Purpose_Follow			ector Melissa	Brownhee
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Time In	Tim	e Out	Total Time_	
Findings/Comments_				
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Center Director/Design	ee/Individual	Child Care Represe	stative	White Copy - Facility File Yellow Copy - Operator
Mississippi State Department of Health		Davisas	16-24-00	Form No. 287