



MISSISSIPPI STATE DEPARTMENT OF HEALTH

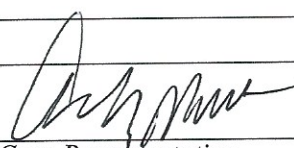
# Child Care Encounter (Continuation)

Date 6/22/20

Facility Name Little Superstars License No. 7274

The facility signed a 6 month waiver  
and did all proper documentation for 6 month  
inspection.

\_\_\_\_\_  
Center Director/Designee/Individual

  
\_\_\_\_\_  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator