

Child Care Encounter

Date 4-17-20

| Address | Main Street | License No 5478 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|
| Purpose Follow up Director Anna Johnson Mileage Start Mileage Start Mileage End County lowndes Time Out Total Time Findings/Comments One or more of the following was recieved by licensure offical. 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. | Address 701 Main St, Columbus MS | |
| Mileage Start lowndes Telephone No Total Time In Total Time Total Time | Center/O | |
| Time In Time Out Total Time Findings/Comments One or more of the following was recieved by licensure offical. 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. | Purpose_Follow up | Anna Johnson |
| Time In Time Out Total Time Findings/Comments | Mileage Start | Mileage End |
| One or more of the following was recieved by licensure offical. 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. | Countylowndes | Telephone No |
| One or more of the following was recieved by licensure offical. 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. | Time In Time Out | Total Time |
| 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. | Findings/Comments | |
| * 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. | | |
| * 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. | By drop off at local Hea | Ith Department or via email . |
| * 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. | * Form 333 | |
| * 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. | * Menus | |
| 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. | | |
| violations may result in the doubling of the penality, suspension or revocation of the license. | · | |
| revocation of the license. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 7.1 | | |
| 7.1 // , | | |
| 1/1/1 a | - | Mary Hampton White Copy - Facility File |

Center Director/Designee/Individual

Child Care Representative