



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1 Date 9-9-22

Name Skate Odyssey O.B. License No. 7259

Address _____ Center/Organization/Individual _____

Purpose Ins Follow Up Director Nancy Justice

Mileage Start _____ Mileage End _____

County De Soto Telephone No. 662-893-2187

Time In _____ Time Out _____ Total Time _____

Findings/Comments Received via email Finfor 333, Menu 444 submission, + contact hours.

Renewal application/fees have been received on 7-6-22.

All requirements met for renewal

[Signature] Center Director/Designee/Individual

[Signature] Child Care Representative

White Copy - Facility File
Yellow Copy - Operator