



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District I Date 02-03-01

Name Southaven First United Methodist License No. 6386

Address 1723 Starkmeading North, MS 38651

Purpose PAC Follow-up Center/Organization/Individual Wendy Davis

Mileage Start _____ Mileage End _____

County Desoto Telephone No. 662-429-0167

Time In _____ Time Out _____ Total Time _____

Findings/Comments PAC on Child Care Encounter dated 12-03-20
required facility to submit documentation of the following:
Staff contact hours - Dec'd dates: 02-03-21
Fire Form 333 - 02-03-21
menus 02-03-21
payment & application 01-06-21

upon review, PAC was followed and violation was corrected

Center Director/Designee/Individual

Tamara Bratcher
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator