



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

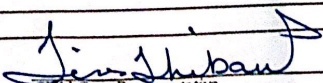
District 1Date 7-15-2020

Name <u>YMCA Center Hill Elementary</u>	License No. <u>5900</u>
Address <u>13622 Center Hill Rd Olive Branch, MS</u>	
Center/Organization/Individual	
Purpose <u>Mid Year Ins Waiver</u>	Director <u>Mandy Smith</u>
Mileage Start <u> </u>	Mileage End <u> </u>
County <u>De Soto</u>	Telephone No. <u> </u>
Time In <u> </u>	Time Out <u> </u>
Total Time <u> </u>	

Findings/Comments

Received mid year waiver checklist
acknowledgment signed from Mandy Smith
via email

Center Director/Designee/Individual


 Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287