MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District F

Date 9-22-20

Name YMCA Hernando Elem License No. 5907

Address 455 Riley St Hernando, MS 38632
Center/Organization/Individual

Purpose POC Follow up Director LaShanta Sandridge

Mileage Start _____ Mileage End _____

County DeSoto Telephone No. 662-429-4160

Time In _____ Time Out _____ Total Time _____

Findings/Comments POC on Child Care Encounter dated ~~8-20-20~~ 8-27-20 Required facility to submit documentation of valid Fire form 333, Contact hours Acknowledgement form and Menus. Requested documents Rec'd 9-22-20

Rec'd the following:
Fire Form 333
Contact hours
Acknowledgement form
Menus

Tameka Thatcher

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator