



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 9-14-22

Name	<u>YMCA Center Hill Elem</u>	License No.	<u>5900</u>
Address	<u>1362 Center Hill Rd Olive Branch MS</u>		
	Center/Organization/Individual		
Purpose	<u>Follow Up</u>	Director	<u>Amber Wilson</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>De Soto</u>	Telephone No.	<u>662-890-7705</u>
Time In	<u>—</u>	Time Out	<u>—</u>
		Total Time	<u>—</u>

Findings/Comments

Received FineForm 333 and menu 444.

Renewal application is complete.

Renewal fees have been paid.

Contact hours have been verified.

All requirements for renewal have been met.

Center Director/Designee/Individual

Leino Shaban
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator