



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

Date 11-23-22

District 1

Name First Baptist OB License No. 0704

Address 9155 Highland St. Olive Branch 38654
Center/Organization/Individual

Purpose Inspection Follow Up Director Linda Wiedowere

Mileage Start _____ Mileage End _____

County DeSoto Telephone No. _____

Time In _____ Time Out _____ Total Time _____

Findings/Comments

Renewal application + fees have been completed + paid.

Fire Form 333 received via email.

Center Director/Designee Individual

Child Care Representative

 White Copy - Facility File
 Yellow Copy - Operator