



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1

Date 9-14-22

Name	<u>YMCA Olive Branch Elem</u>		License No.	<u>5903</u>
Address	<u>9549 Pigeon Roost Olive Branch</u>		<u>MS</u>	
Center/Organization/Individual				
Purpose	<u>Follow Up</u>	Director	<u>Tambara McClinton</u>	
Mileage Start	<u>—</u>	Mileage End	<u>—</u>	
County	<u>De Soto</u>	Telephone No.	<u>662-689-6083</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