

**Please sign the acknowledgment below and send back to your licensing official.**

This letter is an acknowledgement from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Margaret Crawford (name), serve in the capacity of owner, director, or director designee of Moore Community House EHS (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Margaret Crawford  
Director Signature

12/16/2020  
Date of Signature