

Child Care Encounter

District_		Date (22 20
Name_	Eurora Hoad Start Center License No. 78CDI	HE-7407
Address	Center/Organization/Individual	
Purpose	Victual Illia year Inspection Waixer Director Virginia In	omas
Mileage	Start Mileage End	
County_	Telephone No. 602-258-	7583
Time In	Time Out Total Time	
	Comments Meceived acknowledgment by tacelita	operator assurin
(exic	wot records and building compliance are a	il up-10-date
<u> </u>	That the assistance of the second sec	
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	(Hard a tree () driver ()	hite Copy - Facility File

Center Director/Designee/Individual

Child Care Representative

Yellow Copy - Operator

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

This letter is an acknowledgment 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, Virain	ia Thor	nas (pame), serve in	the capacity of owner, director, or director	
designee of	Eupora	Head Start	(center name). I acknowledge that I wa	
instructed to r	eview my reco	rds and building to assur	re that all documents are up-to-date and that	t
the facility is i	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.

Director Signature

Date of Signature