



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 6Date 1-13-19

Name <u>Tucker Early Childhood</u>	License No. <u>50006FHE-0084</u>
Address <u>245 W Tucker Circle</u>	Center/Organization/Individual
Purpose <u>Renewal off site visit</u>	Director <u>Anna Hopkins</u>
Mileage Start _____	Mileage End _____
County <u>Neshoba</u>	Telephone No. <u>601-832-1830</u>
Time In _____	Time Out _____
Total Time _____	

Findings/Comments P.O.C. on Child Care encounter dated 12-15-19 required facility to submit documentation of valid letter of suitability. Requested documentation received 1-8-2020. Upon Review, P.O.C. was followed and violation was corrected.

Center Director/Designee/Individual

Mike Bran
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator