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, Showlugge Tucker designee of McCall HS/EHS	_ (name), serve in	the capacity of ow	ner, director, or director
designee of McCall HS/EHS	Center	(center name).	I acknowledge that I was
instructed to review my records and	d building to assur	re that all documen	ts are 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.

Director Signature

Date of Signature