

MISSISSIFFI STATE DEPARTMENT OF FIEALTH	
Child Care Encounter	Toldal 20
DistrictV	Date_(19136)
Name The Tot SPOT Day Care & A License No. 80CD	PFA-4325
Address Cepter/Organization/Individual	389
Purpose Virtual Mid- Jear Inspection Naiver Director Seigh Hi	on Hadey-McAlulla
Mileage Start Mileage End	7 10:0
County Linston Telephone No. (all)	0-2268
Time In Total Time_	
Findings/Comments Pecarel acknowledgment by tucilis	y operator ossuring
and that the tucility is thee or hazards.	e all ap-10 aco
	-0
	White 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, I (name), serve in the capacity of owner, director, or director designed of The Total (center name). I acknowledge that I was instructed to review my records and building to assure that all documents 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.