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, Patrina Dace (name), serve in the capacity of owner, director, or director designee of owner/director (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.

Patrina Dace
Director Signature

10/7/2020
Date of Signature