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,
designee of TS Kidl Thurny Chill Lac (center name). I acknowledge that I was
indicated to 191104 my 1900165 that opposite to about that the total that the
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

6-23-2020

Date of Signature