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 wil	ll be held resp	onsible for an	y violations tha	it may be foun	d while
conducting any	type of inspection	1.				
I. Chelse	· mores	(name), se	rve in the capa	city of owner	And director, or dis	rector
designee of	Kichard K	mando	m H.S. (cent	ter name). I ac	knowledge tha	t I was
instructed to re	view my records a	nd building to	assure that al	l documents ar	e up-to-date ar	nd that

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

the facility is free of hazards.

Date of Signature