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, Shellie Cael (name), serve in the capacity of owner, director, or director designee of The Children's Deat LLC (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. |
| Spelli Clark Director Signature |
| Date of Signature |