Please sign the acknowledgment below and send back to your licensing of ficial.

This letter is an acknowledgment from the Mississippi State Health Child Car Licensure Division to the person(s) who will be held responsible for any violations that I say be found while conducting any type of inspection.

I, Hige a Badon (name), serve in the capacity of owner, director designee of Little Lambi Dayard Leaning (center name). I ackr owledge that I was instructed to review my records and building to assure that all documents are 1 p-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required doc ments that are needed for a temporary, mid-year, and renewal inspection for a license are in 1 lace at this time.

Director Signature

Date of Signature

570 East Woodrow Wilson Post Office Box 1700 Jackson, MS 39215- 700 601-576-8090 Table 1-866-HLTHY4U Www.HealthyMS.com

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