



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Pearl River</u>	Leanne's Learning Center 138 Richardson Rd Picayune, MS 39466 601-749-6042 Lic. No.: <b>55CDPF-7556</b>	<u>1.7.21</u>
Facility Name _____	Director: Leanne Manning	er _____
Purpose <u>Temp to Regular</u>		<u>LED</u>

### All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sanitation Approved

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	
2.	
3.	<u>See 2nd Encounter</u>
4.	
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>3</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Leanne Manning Child Care Representative Sharetha Benoit

White Copy - Facility File      Yellow Copy - Facility Operator

Mississippi State Department of Health      12-10-08      Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 9Date 1.7.21

Name _____	Leanne's Learning Center	
Address _____	138 Richardson Rd Picayune, MS 39466	
Purpose <u>Temp to Regular</u>	601-749-6042 Lic. No.: <u>55CDPF-7556</u>	
Mileage Start _____	Mileage End _____	Director: Leanne Manning
County <u>Pearl River</u>	Telephone No. _____	
Time In <u>12:30</u>	Time Out <u>1:30</u>	Total Time _____

Findings/Comments Temp to regular inspection conducted.

All in compliance during inspection. no  
deficiencies observed.

Great Job on Records!

Survey card given to director.

"Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of a monetary penalty, suspension or revocation of the license."

Leanne Manning  
 Center Director/Designee/Individual

Shane Bennis  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

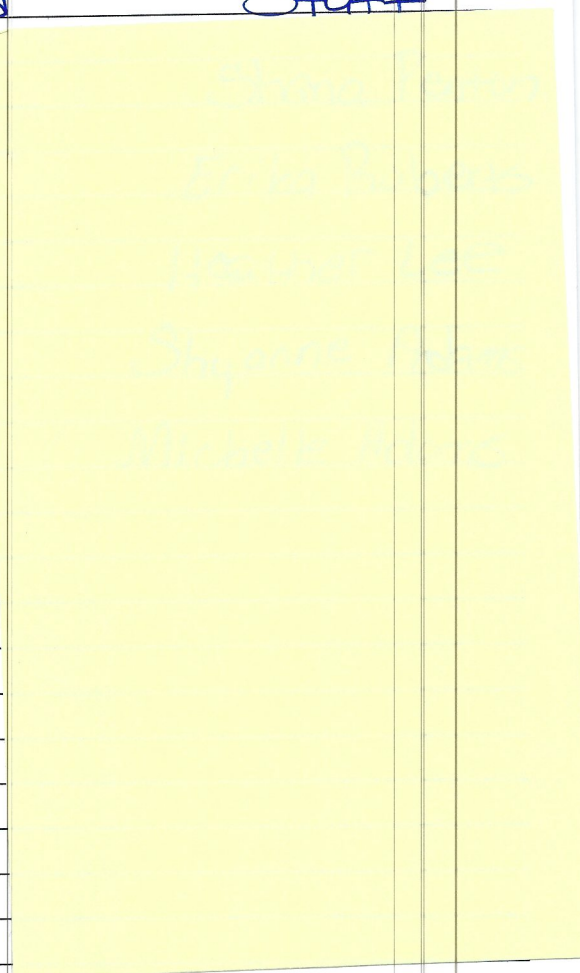
Leanne's Learning Center  
 138 Richardson Rd Picayune, MS 39466  
 601-749-6042 Lic. No.: **55CDPF-7556**  
 Director: Leanne Manning

# Child Care Encounter (Continuation)

Date 1.7.21

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_

Room	Age	# Child	Staff
1	1	9	
2	3	11	
4	3	11	
3	2	9	
5	infant	3	



*Leanne Manning* *Shaveta Bennett*  
 Center Director/Designee/Individual Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator

Leanne's Learning Center  
 138 Richardson Rd Picayune, MS 39466  
 601-749-6042 Lic. No.: **55CDPF-7556**  
 Director: Leanne Manning



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 1.7.21

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {Rule 1.4.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Proof of Accident/Liability Insurance</b> or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. <b>Approved arrival and departure procedures</b> {Rule 1.4.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Letter of suitability for staff</b> {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Attendance records for children and staff</b> {Rule 1.6.3 (1)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Current alphabetical roster of children (<i>includes date of birth</i>)</b> {Rule 1.6.3 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Current staff roster (<i>includes date of birth &amp; date of hire</i>)</b> {Rule 1.6.3 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. <b>Monthly records of fire/disaster drills</b> {Rule 1.6.3 (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. <b>Immunization Records for Children and Staff</b> {Rule 1.6.3 (8)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. <b>Personnel records (<i>attach employee's records form</i>)</b> {Rule 1.6.4}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. <b>Volunteer records</b> {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. <b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. <b>Communicable diseases reported as required</b> {Rule 1.7.3}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. <b>Daily written reports provided to parents for infants and toddlers</b> {Rule 1.7.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. <b>Age appropriate program of activities posted in each room</b> {Subchapter 9}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. <b>Required toys present in infant room</b> {Rule 1.10.1 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. <b>Required toys present in toddler room</b> {Rule 1.10.1 (3)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. <b>Required toys present preschool room</b> {Rule 1.10.1 (4)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. <b>Licensed pest control contractor</b> {Rule 1.11.14}
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. <b>Pets present (<i>proof of immunization as required, signed by veterinarian</i>)</b> {Rule 1.12.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. <b>Appropriate discipline policy followed</b> {Subchapter 14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. <b>Appropriate transportation policy followed</b> {Subchapter 15}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. <b>Infant feeding schedules posted (<i>Appendix C, VII</i>)</b>

**Comments/Recommendations** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☒ Pass –  
 License to be issued: ☐ Regular ☒ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

*Leanne Manning*

*Shanetta Bennett*  
 Child Care Representative



# Food Service Facility Inspection Results

Leanne's Learning Center  
138 Richardson Rd Picayune, MS 39466  
601-749-6042 Lic. No.: **55CDPF-7556**  
Director: Leanne Manning

PIMS ID	Facility No.	Date
		1.7.21

## CRITICAL VIOLATIONS

No critical violations

## ACTION PLAN AND SCHEDULE

NA

Facility issued an  
"A"

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

SB8

Please Remit within 10 days to:

Leanne Manning  
Certified Manager

Thommy Sife  
Licence Number  
exp June 2025

Facility Signature

Environmental Signature

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy- Environmentalist



Leanne's Learning Center  
138 Richardson Rd Picayune, MS 39466  
601-749-6042 Lic. No.: **55CDPF-7556**  
Director: Leanne Manning

Inspection Date 1.7.21

Center Name \_\_\_\_\_

YES NO NA

☒

☐

☐

1.

Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (3), pg 48) in good repair with no gaps? (Rule 1.11.9 (3), pg 48)

☒

☐

☐

2.

2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)

☒

☐

☐

3.

Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)

☒

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☐

4.

AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)

☒

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5.

No standing water present on playground or in/on playground equipment or walkways (CPSC 2.4.2.2-5, pg 10)

☒

☐

☐

6.

Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)

☒

☐

☐

7.

Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)

☒

☐

☐

8.

All bolts on equipment & fence < 2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (3), pg 47)

☒

☐

☐

9.

Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)

☒

☐

☐

10.

Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)

☐

☐

☒

11.

If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 1)

☒

☐

☐

12.

If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)

☐

☐

☒

13.

Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)

☒

☐

☐

14.

Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 1)

☒

☐

☐

15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 1)

☒

☐

☐

16.

Is adequate shade present on the playground? (CPSC 2.1.1, pg 3)

☒

☐

☐

17.

Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 3)

☒

☐

☐

18.

Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)

Director

Leanne Manning

Licensing Official

Sharon Berno

Only using Playground 3.