

## MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Encounter

Child Care Encounter	. 1 100
District	Date 6 26 20
Name License No. 41CDPF	W-7173
Address Center/Organization/Individual	0
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Mileage Start Mileage End_	LE LE M
County Telephone No. 602-690-	9123
Time In Total Time	
Findings/Comments Mecenived achinqued ament by facility (Origin) of Ocords and building compliance are and that the facility is treed hizards.	e operator assuring the contraction of the contract
	4
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Center Director/Designee/Individual  Child Care Representative	White Copy - Facility File Ællow Copy - Operator

Mississippi State Department of Health

Revised 6-24-09

Form No. 287

## 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, Awe-fu L. Black (name), serve in the capacity of owner, director, or director designee of LI Leap Academy 700 (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.

Director Signature

Date of Signature