



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County LeeDate 12/1/20Facility Name Lil Leap Academy TooLicense Number 41CDPFW-7173Purpose Program RenewalCapacity 80

## 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	CAPACITY
1.	A/S 1	17 Rm 2
2.	3yrs 10	14 Rm 4
3.	4yrs 15	19 Rm 3
4.	2-3yrs 12	12 Rm 6
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 <u>Rm 7</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 <u>BBGARD</u>	<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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Arnetta Agne HeadChild Care Representative Paula Zepher  
Limberly Clark

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 II Date 12/2/20

Name Sil Leap Academy, Inc. License No. 41CDPFW-7173

Address 780 Poplarville Street, Tupelo, MS 38801

Purpose Program Mergers Director Arretta Lynne Black

Mileage Start 146 Mileage End 146

County Lee Telephone No. 662-690-9123

Time In 10:00 Time Out 11:50 Total Time \_\_\_\_\_

Findings/Comments Here to conduct a program renewal inspection.

Violations: Subchapter 6: Facility Records, Rule 1.6.3(9)  
states in part, "Each facility shall maintain a notebook containing  
copies of the MSDH Certificate of Immunization Compliance  
(MSDH form # 121) for both staff and children at the facility..."

Findings: Based on observations and review of staff and children  
records, the facility failed to assure that they had a current  
MSDH 121 on each employee and child. Record  
review revealed 1 (one) employee and 1 (one) child  
record lacked a current MSDH 121 form.

Plan of Correction:

1) What measures will you, as a facility, put into place to correct the  
immediate violation and how will you prevent recurrence of the violation?

Lynne Black will continue to update records monthly as  
of 12/2/20

Child Care Questionnaire was provided to Arretta L. Black at the exit conference.

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

Arretta Lynne Black Center Director/Designee/Individual

Pauline Davis Child Care Representative

Kimberly Clark

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Yellow Copy - Operator

Mississippi State Department of Health  
Revised 6-24-09  
Form No. 287





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter  
(Continuation)Date 12/1/20

Facility Name

Lil Leap Academy Too

License No.

42CDPFW-171113

2) Who will be responsible for monitoring to prevent recurrence of the violation? Lynne Blum

3) What is the date of expected completion for compliance? Due by Dec. 15, 2020

Technical Assistance - Recommend biweekly reviews of staff/children 122 Form notebooks to ensure all records required are filed accordingly and are up-to-date. Send each staff and/or Parent a memo requesting a two day turn-around on documentation.

Please submit Fire Survey Form 333 and two-week cycle of Menus Form 444 along with copy of current vehicle Insurance / Proof of Liability Declaration due by December 31, 2020.

All staff complete on contact hours!

Arnetta Anne Black  
Center Director/Designee/Individual

Pauline Seena  
Child Care Representative  
Kimberly Clark

White Copy - Facility File  
Yellow Copy - Operator





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name Lil Leap Academy Too License No. 7173 Date 12/1/20

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

Comments/Recommendations

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

Gretta Lynn Black  
 Director

Paula Sue  
 Child Care Representative

Kimberly  
 Operator

# Food Service Facility Inspection Results

PIMS ID 11125	Facility Name, Address Lil Leap Academy, Inc	Date 12/1/20
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>Pass</p>	<p>Sanitation Prep: Sponges w/ Bleach Upbeat Pasta Lima Beans Milkshake Orange</p>
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input checked="" type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code (922)
Please Remit within 10 days to:	

Hervette Lennie Black Timmy Sate  
 Certified Manager Licence Number  
 Expires: 10/12/25

Facility Signature <u>Hervette Lennie Black</u>
Environmental Signature <u>Kimberly Clark</u>

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



# Child Care Licensure Playground Checklist

Center Name LITTLE LEAP ACADEMY TOO

Inspection Date 12/1/20

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 60) In good repair, with no gaps? (Rule 1.11.9 (8), pg 60)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)  
No equipment presently on this area requires surfacing.
- ☐ ☐ ☒ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2(5), pg 10 & Rule 1.11.11 (4), pg 61)
- ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
- ☐ ☐ ☒ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 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 (5), pg 59)
- ☐ ☐ ☒ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
\_\_\_\_\_  
(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
\_\_\_\_\_  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
- ☐ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
\_\_\_\_\_  
(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
\_\_\_\_\_  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director

Arretha Black

Licensing Official

PAULETTE ELLIOTT, CCFI II

Kimberly Clark