



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County <u>Lamar</u>	Kids' Kampus, Sumrall 1042 HWY 42, Sumrall, MS 39482 601-758-3066-7672 Lic. No.: <b>37CEPF-6102</b>	<u>9.9.20</u>
Facility Name _____	Director: Brandy Leslie	Number _____
Purpose <u>Virtual Renewal</u>		<u>127</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 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	<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 \_\_\_\_\_

Child Care Representative Shanice Benson



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 8Date 9.9.20

Name	Kids' Kampus, Sumrall		
Address	1042 HWY 42, Sumrall, MS 39482		
	601-758-3066-7672	Lic. No.:	<b>37CEPF-6102</b>
Purpose	<u>Virtual Renewal</u>		
	Director: Brandy Leslie		
Mileage Start		Mileage End	
County	<u>Lamar</u>		
	Telephone No.		
Time In	<u>10:00</u>	Time Out	<u>10:52</u>
		Total Time	

Findings/Comments Virtual Renewal inspection conducted.- No deficiencies observed during inspection.- Rec'd fire form, hours, and menus.- Awaiting on sign memo

"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."

Center Director/Designee/Individual

Shawna Bena  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 9.9.20

Kids' Kampus, Sumrall  
1042 HWY 42, Sumrall, MS 39482  
601-758-3066-7672 Lic. No.: **37CEPF-6102**

Director: Brandy Leslie

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

Room	Age	Child	Staff
------	-----	-------	-------

1	infant	3	
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2	3	6	
---	---	---	--

5	4	9	
---	---	---	--

4	1	9	
---	---	---	--

6	2	7	
---	---	---	--

3	3	6	
---	---	---	--

Center Director/Designee/Individual

Sharetha Bernier  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



Kids' Kampus, Sumrall  
 1042 HWY 42, Sumrall, MS 39482  
 601-758-3066-7672 Lic. No.: **37CEPF-6102**  
 Director: Brandy Leslie



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 9.9.20

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Sharetha Penno  
 Child Care Representative

# Food Service Facility Inspection Results

Kids' Kampus, Sumrall  
1042 HWY 42, Sumrall, MS 39482

PIMS ID	Facility Name	Lic. No.:	Date
	601-758-3066-7672	37CEPF-6102	9.9.20
Director: Brandy Leslie			

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

<p>NO Critical violations</p>	<p>NA</p> <p>Facility issued an</p> <p>" A "</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
	838
Please Remit within 10 days to:	

Kelly Hawkins  
Certified Manager

Tummy Safe  
Licence Number

Facility Signature
Environmental Signature
<u>Shane Benna</u>

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





# Food Establishment Inspection Report

Establishment	Kids' Kampus, Sumrall 1042 HWY 42, Sumrall, MS 39482	Time in	
Address	601-758-3066-7672 Lic. No.: <b>37CEPF-6102</b>	Telephone	
License/Permit#	Director: Brandy Leslie	Permit Holder	Risk Level <b>2</b>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and R  
 COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
<b>Supervision</b>			
1 <del>IN</del> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <del>IN</del> OUT N/A	Manager certification		
<b>Employee Health</b>			
3 <del>IN</del> OUT	Management awareness; policy present		
4 <del>IN</del> OUT	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>			
5 <del>IN</del> OUT N/O	Proper eating, tasting, drinking, or tobacco use		
6 <del>IN</del> OUT N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
7 <del>IN</del> OUT <del>N/O</del>	Hands clean and properly washed		
8 <del>IN</del> OUT N/A <del>N/O</del>	No bare hand contact with ready-to-eat foods		
9 <del>IN</del> OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>			
10 <del>IN</del> OUT	Food obtained from approved source		
11 <del>IN</del> OUT N/A <del>N/O</del>	Food received at proper temperature		
12 <del>IN</del> OUT	Food in good condition, safe, and unadulterated		
13 <del>IN</del> OUT N/A <del>N/O</del>	Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
14 <del>IN</del> OUT N/A	Food separated and protected		
15 <del>IN</del> OUT N/A	Food - contact surfaces: cleaned & sanitized		
16 <del>IN</del> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Potentially Hazardous Food (TCS food)</b>			
17 <del>IN</del> OUT N/A <del>N/O</del>	Proper cooking time and temperatures		
18 <del>IN</del> OUT N/A <del>N/O</del>	Proper reheating procedures for hot holding		
19 <del>IN</del> OUT N/A <del>N/O</del>	Proper cooling time and temperature		
20 <del>IN</del> OUT N/A <del>N/O</del>	Proper hot holding temperatures		
21 <del>IN</del> OUT N/A	Proper cold holding temperatures		
22 <del>IN</del> OUT N/A <del>N/O</del>	Proper date marking and disposition		
23 <del>IN</del> OUT N/A <del>N/O</del>	Time as a public health control: procedure & records		

Compliance Status		COS	R
<b>Consumer Advisory</b>			
24 <del>IN</del> OUT <del>N/A</del>	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>			
25 <del>IN</del> OUT <del>N/A</del>	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>			
26 <del>IN</del> OUT <del>N/A</del>	Food additives: approved and properly used		
27 <del>IN</del> OUT	Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>			
28 <del>IN</del> OUT <del>N/A</del>	Compliance with variance, specialized process, and HACCP plan		
29 <del>IN</del> OUT <del>N/A</del>	Risk control plan as required		
<b>Other Critical Factors</b>			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30 <del>IN</del> OUT	Water and ice from approved source		
31 <del>IN</del> OUT	Insects, rodents, and animals not present		
32 <del>IN</del> OUT N/A	Hot and cold water available; adequate pressure		
33 <del>IN</del> OUT N/A	Plumbing installed; proper backflow devices		
34 <del>IN</del> OUT N/A	Sewage and waste water properly disposed		
35 <del>IN</del> OUT	Toilet facilities: properly constructed, supplied		
36 <del>IN</del> OUT N/A	Permit/Last inspection posted		

Date **9.9.20**

Person in Charge (Signature)

Inspector (Signature)

*Sharrah Benson*



Kids' Kampus, Sumrall  
1042 HWY 42, Sumrall, MS 39482  
601-758-3066-7672 Lic. No.: **37CEPF-6102**

Inspection Date 9.9.20

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

Director: Brandy Leslie

- | YES                                 | NO                       | N/A                                 |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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)                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkway? (CPSC 2.4.2.2-5, pg 10)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 13)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 11)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 11)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.3 (2), pg 3)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CI 2.5.5)   |

Director \_\_\_\_\_

Licensing Official \_\_\_\_\_

Shaneth Benna