



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County HindsDate 8/19/2020Facility Name Hanging Moss PreschoolLicense Number 25CDRFA-1404Purpose Virtual Renewal Inspection/TACapacity 73

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	Infant / 2 / Caregivers #1 & #2
2.	2-3 year olds / 5 / Caregiver # 3
3.	4 year olds / 1 / Caregiver # 4
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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Heating/cooling approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ventilation adequate

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glass approved and shielded

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephone on premises, available, and functioning

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Large appliances located properly

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sinks and toilets working properly

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hot water at all sinks, not to exceed 120°

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children barred from kitchen

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Vending machine snacks meet nutritional guidelines, if present

In	Out	COS	N/A
<input checked="" 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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed

In	Out	COS	N/A
<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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<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

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Pool area clean, fenced, and adequately maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number 11)

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual _____

Child Care Representative Denise Bone



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 8/19/2020

Name	<u>Hanging Moss Preschool</u>	License No.	<u>25CDRFA-1404</u>
Address	<u>5225 Hanging Moss Rd. Jackson, MS 39206</u>		
Purpose	<u>Virtual Renewal Inspection/TA</u>	Director	<u>Phelisa R. Smith Pittman</u>
Mileage Start	<u>N/A</u>	Mileage End	<u>N/A</u>
County	<u>Hinds</u>	Telephone No.	<u>601-366-8762</u>
Time In	<u>10:00am</u>	Time Out	<u>11:04am</u>
		Total Time	<u>N/A</u>

Findings/Comments During a Virtual Renewal Inspection via Zoom meeting, licensing official Denise Lore met with the director Phelisa Pittman and stated the purpose of the visit.

- In the 3-4 year olds classroom a lock is needed on the diaper changing sink, for the purpose of preventing the children from having access to chemicals that are stored under the sink. LO observed chemicals under the unlocked sink cabinet.
- Technical Assistance provided: Crib (unused) were observed in the kitchen pantry. Recommendation was made to remove unused cribs from the kitchen pantry.
- T.A. provided: A handwashing sink that is more accessible is needed in the kitchen. During observation the director was having a hard time trying to reach to the handwashing sink to wash hands.
- Please submit all documents listed on the CC Program Review to process license.

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

Center Director/Designee/Individual

Denise Lore
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

 Facility Name Hanging Moss Preschool License No. 1404 Date 8/19/2020

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (<i>Parent's Handbook</i>) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 & 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {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"/>	Staff present who hold valid CPR and First Aid Certification {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"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (<i>Appendix C, VII</i>)

Comments/Recommendations Items needed to process license:
Fire inspection Report, updated Zoning letter, 4-6 weeks
of menus, monthly Fire ^{disaster} drill, Staff 15 contact
hours, Staff & children rosters, pest control bill,
vehicle insurance if transporting and Virtual Renewal Acknowledgment
Form.

<input checked="" type="checkbox"/> Pass – <u>Pending</u>	
License to be issued: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Probational <input type="checkbox"/> Restricted	
<input type="checkbox"/> Fail	
<input type="checkbox"/> Follow-up within _____ days	
<input type="checkbox"/> Director <input type="checkbox"/> Designee	<u>Deeise Bone</u> Child Care Representative



Food Establishment Inspection Report

Establishment Hanging Moss Preschool		Time in 10:34 am	
Address 5225 Hanging Moss Road		City/State Jackson, MS	Zip 39206
Telephone 601-366-8762		License/Permit# 25CDRFA-1404	Permit Holder Hanging Moss Road CC
Risk Level 2			

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

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

Date **8/19/2020**

Person in Charge (Signature) _____

Inspector (Signature) **DeWise Bone**

Food Service Facility Inspection Results

PIMS ID 1404	Facility Name, Address Hanging Moss Preschool 5225 Hanging Moss Rd. Jackson, MS 39206	Date 8/19/2020
------------------------	---	--------------------------

CRITICAL VIOLATIONS

- Need a handwashing sink that is more accessible.

CORRECTION PLAN AND SCHEDULE

Remove whatever is blocking the handwashing sink.

No Critical violations, the Facility will receive letter grade "A".

<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 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
Please Remit within 10 days to:	

Johnnie M. Johnson **TummySafe**
 Certified Manager Licence Number
Expires April 17, 2024

Facility Signature
Environmental Signature Demise Bone

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

Child Care Licensure Playground Checklist

Center Name Hanging Moss Preschool Inspection Date 8/19/2020

YES NO N/A

- ☒ ☐ ☐ 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)
- ☒ ☐ ☐ 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)
- ☐ ☐ ☒ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)

- ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)
- ☒ ☐ ☐ 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 (5), 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, pg13)
- ☐ ☐ ☒ 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, pg 15)
- ☐ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)

- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)

- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)
- ☐ ☐ ☒ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)

Director _____ Licensing Official Denise Bone