



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 8Date 10.29.30

Name _____	License No. _____
Address _____	Creative Kids – Oak Grove 330 Hegwood Rd. Hattiesburg, MS 39402 601-268-9293 Lic # 18CFPF- 2375 Director: Lindsay Chambliss
Purpose <u>Virtual Inspection</u>	
Mileage Start _____	Mileage End _____
County <u>Lamar</u>	Telephone No. _____
Time In <u>9:00</u>	Time Out <u>10:30</u> Total Time _____

Findings/Comments

A Virtual inspection was conducted. There were no deficiencies found during the inspection.

Great job!

"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

Symonia A. Norrell
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Creative Kids – Oak Grove
 330 Hegwood Rd. Hattiesburg, MS 39402
 601-268-9293 Lic # **18CFPF- 2375**
 Director: Lindsay Chambliss

Center

Date 10.29.30

Facility Name _____ Jo. _____

Rooms	Age	# Child	Staff
B1	Infant	6	
A1	3's	11	
A2	3's	13	
A3	3's	10	
A4	2's	8	
A7	2's	7	
A8	2's	9	
C1	4's	7	
A5	1's	7	
A6	1's	9	
C2	4's	12	
C3	4's	9	
C4	2's	8	
C6	1's	5	
C5	1's	6	

Center Director/Designee/Individual

Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County <u>Lamar</u>	Creative Kids – Oak Grove 330 Hegwood Rd. Hattiesburg, MS 39402 601-268-9293 Lic # 18CFPF- 2375	Date <u>10.29.20</u>
Facility Name _____	Director: Lindsay Chambliss	License Number _____
Purpose <u>Virtual inspection</u>	Capacity <u>217</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.	<u>See 2nd encounter</u>
3.	
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 <u>10</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual _____

Child Care Representative Zyronia Avert



MISSISSIPPI DEPARTMENT OF HEALTH

Creative Kids – Oak Grove
 330 Hegwood Rd. Hattiesburg, MS 39402
 601-268-9293 Lic # **18CFPF- 2375**
 Director: Lindsay Chambliss

Program Review

Facility Name _____

License No. _____ Date 10.29.20

	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 checked="" type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personnel records (<i>attach employee's records form</i>) {Rule 1.6.4}
12.	<input checked="" 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 checked="" type="checkbox"/>	Children records (<i>attach children's records form</i>) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" 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 _____

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

Child Care Representative

Food Service Facility Inspection Results

Creative Kids – Oak Grove
330 Hegwood Rd. Hattiesburg, MS 39402
601-268-9293 Lic # **18CFPF- 2375**
Director: Lindsay Chambliss

PIMS ID

Date

10.29.20

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

NO Critical Violations

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:

Lindsay Chambliss
Certified Manager

Tummy Safe
Licence Number
exp. July 25, 2022

Facility Signature

Environmental Signature

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



Food Establishment Inspection Report

Establishment	Creative Kids – Oak Grove 330 Hegwood Rd. Hattiesburg, MS 39402	Time in	
Address	601-268-9293 Lic # 18CFPF- 2375 Director: Lindsay Chambliss	Zip	Telephone
License/Permit#		Permit Holder	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	Description	COS	R
Supervision			
1 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Manager certification		
Employee Health			
3 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present		
4 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion		
Good Hygienic Practices			
5 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
7 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed		
8 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods		
9 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible		
Approved Source			
10 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source		
11 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Food received at proper temperature		
12 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated		
13 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
14 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food separated and protected		
15 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food - contact surfaces: cleaned & sanitized		
16 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Potentially Hazardous Food (TCS food)			
17 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time and temperatures		
18 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper reheating procedures for hot holding		
19 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooling time and temperature		
20 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper hot holding temperatures		
21 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
22 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking and disposition		
23 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Time as a public health control: procedure & records		

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

Date	10.29.20
Person in Charge (Signature)	
Inspector (Signature)	<i>Lindsay Chambliss</i>

Center Name _____

Inspection Date 10.20.20

- | YES | NO | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Playground fence less than 3 1/4" 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 walkways (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 3) |
| <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 (5), 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 15) |
| <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 3) |
| <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 3) |
| <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 1) |
| <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 1.10.2 (2), pg 3) |
| <input 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 _____

[Signature]