



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Winds Date 7/30/2020  
 Facility Name Little Einstein's Learning Lab License Number 25CDPF5MWOA-7347  
 Purpose Virtual Renewal Inspection/TA Capacity 56

**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 checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.	<u>No Children Present during the inspection</u>
2.	
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 checked="" type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served <u>no children</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building and Grounds**

	In	Out	COS	N/A
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>11</u> )	<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 7/30/2020

Name Little Einstein's Learning Lab License No. 25CDPF5MWOA-7347  
 Address 624 W. Northside Dr. Jackson, MS 39206  
 Center/Organization/Individual  
 Purpose Virtual Renewal Inspection/TA Director Bridget Williams  
 Mileage Start N/A Mileage End N/A  
 County Hinds Telephone No. 601-665-4010  
 Time In 9:00am Time Out 10:20am Total Time N/A

Findings/Comments During a Virtual Renewal Inspection via Zoom meeting, licensing official Denise Love and Branch Supervisor Marlinde Beck-Lee met with the director Bridget Williams and stated the purpose of the visit. The director had concerns about getting updated Immunization Records (Form 121) on some of the children, that will be going to Kindergarten in the Fall, LD will assist the director, by providing information on who to call to get updated 121 forms, and the director stated ~~she~~ an email will be made to MSDH. The director also had concerns about liability to the facility if a parent suspects that a child has contracted COVID-19 in the facility and decides to sue the facility.

- The Facility Building and Grounds had 4 damaged ceiling in the 3-4 year olds classroom above the door. The facility will have 7 days to replace the damaged ceiling tile (replace by August 6, 2020). A ~~FF~~ Follow-up Zoom meeting will be scheduled.
- The Facility Kitchen & pantry were found with no critical violations and will receive a letter grade "A".
- Technical Assistance: TA was provided to place wall thermometers at the height of the child for that particular room. LD observed wall thermometers in each classroom was above the height of the children in each classroom.
- The Facility playground was in compliance. The cracks in the concrete on the playground were highlighted bright orange to prevent tripping hazards.

Denise Love  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator

Center Director/Designee/Individual





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter  
(Continuation)Date 7/30/2020Facility Name Little Einsteins Learning Lab License No. 25CDPF5MWOA-7347

- Documents needed to process this facility's license <sup>or</sup> ~~is~~:  
Fire Inspection Report, updated Zoning letter, 6-8  
weeks, menus, Pest control bill, monthly Fire drill/  
disaster drill, staff and children rosters, All staff  
15 contact hours, and the Virtual Renewal Inspection  
Acknowledgement form, and proof of ~~the~~ vehicle  
Insurance if transporting children.

"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  
license."

Center Director/Designee/Individual

Denise Hone  
Child Care RepresentativeWhite Copy - Facility File  
Yellow Copy - Operator



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

 Facility Name Little Einstein's Learning Lab License No. 7347 Date 7/30/2020

	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 &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"/>	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 <u>Children</u> and Staff {Rule 1.6.3 (8)} <u>TA Provided</u>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Fire Inspection Report, updated Zoning letter, 6-8 weeks menus, All staff 15 contact hours, monthly Fire/Disaster Drill, Pest control bill, Virtual Renewal Inspection Acknowledgement Form, Staff and Children rosters.

<input checked="" type="checkbox"/> Pass - <u>Pending</u>	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Probational	<input type="checkbox"/> Restricted
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Follow-up within <u>1</u> days			
		<input type="checkbox"/> Director	<input type="checkbox"/> Designee
		<u>Deeise Bone</u> Child Care Representative	





## Food Establishment Inspection Report

Establishment <b>Little Einstein's Learning Lab</b>		Time in <b>10:05 am.</b>	
Address <b>624 W. Northside Dr.</b>	City/State <b>Jackson, MS</b>	Zip <b>39206</b>	Telephone <b>601-665-4010</b>
License/Permit# <b>25CDPF5MWDA-7347</b>		Permit Holder <b>Little Einsteins Learning Lab</b>	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 <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		
<b>Employee Health</b>		
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		
<b>Good Hygienic Practices</b>		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Hands clean and properly washed		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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		
<b>Approved Source</b>		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Food separated and protected		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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		
<b>Potentially Hazardous Food (TCS food)</b>		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperature		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper hot holding temperatures		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Proper cold holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper date marking and disposition		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O		
Time as a public health control: procedure & records		

Compliance Status	COS	R
<b>Consumer Advisory</b>		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>		
26 <input checked="" 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		
<b>Conformance with Approved Procedures</b>		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Compliance with variance, specialized process, and HACCP plan		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
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 <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 checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Hot and cold water available; adequate pressure		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Plumbing installed; proper backflow devices		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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 <input checked="" type="radio"/> N/A		
Permit/Last inspection posted		

Date **7/30/2020**

Person in Charge (Signature)

Inspector (Signature)

**Deeise Gore**

# Food Service Facility Inspection Results

PIMS ID <b>7347</b>	Facility Name, Address <b>Little Einstein's Learning Lab</b> <b>624 W. Northside Dr. Jackson, MS 39206</b>	Date <b>7/30/2020</b>
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No Critical Violations Found.

The Facility will receive letter grade "A"

<input type="checkbox"/> 92020 Scheduled	<input type="checkbox"/> 92010 Permit No Charge
<input type="checkbox"/> 92030 Followup	<input type="checkbox"/> 92015 Permit 1 \$30.00
<input type="checkbox"/> 92040 Complaint	<input type="checkbox"/> 92011 Permit 2 \$100.00
<input type="checkbox"/> 92050 Consultation	<input type="checkbox"/> 92012 Permit 3 \$150.00
<input type="checkbox"/> 92070 Plan Review/Const.	<input type="checkbox"/> 92013 Permit 4 \$200.00
<input type="checkbox"/> 92080 No Inspection	
<input type="checkbox"/> 92090 Restaurant Training	
Permit Date	Environmental Code
Please Remit within 10 days to:	

Veronica Gray  
Certified Manager

TummySafe  
Licence Number

Expires: 12/8/2020

Facility Signature

Environmental Signature

Denise Bone

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



# Child Care Licensure Playground Checklist

Center Name Little Einstein's Learning Lab Inspection Date 7/30/2020

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 composite equipment.

☒ ☐ ☐ 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)

spray painted with bright orange.

☒ ☐ ☐ 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)

No composite equipment.

☐ ☐ ☒ 11.

If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 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 pg 34)

☐ ☐ ☒ 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 & CPSC 2.2.6, pg 3)

Toys only, no composite equipment.

☒ ☐ ☐ 15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 46)

☒ ☐ ☐ 16.

Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 46)

☐ ☐ ☒ 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. (C. 2.5.5, pg 15)

Director \_\_\_\_\_

Licensing Official

Denise Bone