



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 3Date 11/9/2020

|               |  |               |                     |                |
|---------------|--|---------------|---------------------|----------------|
| Name          | <u>Treasured Hearts Daycare &amp; Learning</u> |               | License No.         | <u>Pending</u> |
| Address       | <u>1711 LeFlore Ave Greenwood, MS 38930</u>    |               |                     |                |
|               | Center/Organization/Individual                 |               |                     |                |
| Purpose       | <u>Initial</u>                                 | Director      | <u>Sandra Moore</u> |                |
| Mileage Start |  | Mileage End   |                     |                |
| County        | <u>LeFlore</u>                                 | Telephone No. | <u>662-219-0304</u> |                |
| Time In       | <u>3:45</u>                                    | Time Out      | <u>4:47</u>         | Total Time     |

Findings/Comments This is an initial inspection for a temporary child care license.

The licensing official observe the following concerns

Building: Chipped paint in bathroom and schoolage classrooms lighting must be shielded. LO observed none of the lighting being shielded.

Kitchen: Kitchen will need a three compartment or a dishwasher added. Kitchen will also need a higher door.

Playground: All bolts will need to be cut down to two (2) threads. All concrete footings will need to be covered. Second playground pit fence will need to be lowered.

The maximum capacity will be (25)

Please contact the licensing official at shondra.givens@msdh.ms.gov once these concerns have been corrected.

All items ~~be~~ must be corrected before a temporary child care license can be issued

Sandra Moore  
Center Director/Designee/Individual

Shondra Givens  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 3Date 11/17/2020

|               |  |               |                     |                |
|---------------|--|---------------|---------------------|----------------|
| Name          | <u>Treasured Hearts Daycare &amp; Learning</u> |               | License No.         | <u>Pending</u> |
| Address       | <u>1711 LeFlore Ave Greenwood MS 38930</u>     |               |                     |                |
|               | Center/Organization/Individual                 |               |                     |                |
| Purpose       | <u>Possible Final</u>                          | Director      | <u>Sandra Moore</u> |                |
| Mileage Start |  | Mileage End   |                     |                |
| County        | <u>LeFlore</u>                                 | Telephone No. | <u>662.219.0304</u> |                |
| Time In       | <u>1:19</u>                                    | Time Out      | <u>1:47</u>         | Total Time     |

Findings/Comments This visit is for a possible final inspection for a temporary child care license.

All corrections have been completed since 11/2/2020 initial inspection.

All required requirements have been met for a temporary child care license.

A child care ~~license~~ license fee of \$195.00 will need to be paid before temporary license can be issued. LD will send an approval note so that license fee can be paid.

If any questions or concerns please contact the licensing agency at 601-364-2827 or the licensing official at 662-455-9429 or [Shundra.givens@msdh.ms.gov](mailto:Shundra.givens@msdh.ms.gov).

Sandra Moore  
Center Director/Designee/Individual

Shundra Givens  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

|   |  |                                     |                          |  |
|---|--|-------------------------------------|--------------------------|--|
| Facility Name   | <u>Treasured Hearts Daycare &amp; Learning</u> |                                     | Date                     | <u>11/9/2020</u>   |
| Physical Address  | <u>1711 LeFlore Ave Greenwood, MS 38930</u>    |                                     |                          |  |
| Operator  | <u>Sandra Moore</u>                            | Daytime Telephone Number            | <u>662-219-0304</u>      |  |
| <input checked="" type="checkbox"/> Commercial Facility | <input type="checkbox"/> Occupied Residence    | Year Building was constructed _____ |                          |  |
| Total # of Floors                                       | <u>1</u>                                       | # of Floors Used for Child Care     | <u>1</u>                 | # of Rooms <u>7</u> # of Rooms Used for Child Care <u>7</u>                          |
| Construction: Masonry                                   | <input type="checkbox"/>                       | Brick                               | <input type="checkbox"/> | Frame <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other _____ |

## I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

### A. General

- | In                                  | Out                                 | NA                                  |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input checked="" type="checkbox"/> replace   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Plug covers on all outlets.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____<br>Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed).  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 10. Adequate, proper heating and/or cooling systems.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 11. Child safe thermometers at child level in every room utilized by children.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12. Adequate lighting. Note – All lights must be shielded.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 13. Telephone accessible to caregivers.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 14. Individual compartments or hooks for each child.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 15. Diaper changing stations in all rooms housing children who are not toilet trained.<br>Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16. Approved – <input type="checkbox"/> waste water <input type="checkbox"/> water supply   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 17. Emergency evacuation plan posted.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Hot and cold running water at all handwashing sinks.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 19. Building constructed prior to 1965 has been tested for lead.  |



**B. Kitchen/Food Preparation Area**

- | In                                  | Out                                 | NA                                  |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. Adequate refrigeration with thermometer.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Adequate cooking appliances (stoves/microwaves/ovens)<br>Note - Number and Type must be based on menu evaluation and number of meals to be prepared. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Approved stove hood, vented to outside per fire codes.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 4. Separate freezer when 50+ children are served.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Approved dishwasher. _____   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6. Three (3) compartment sink.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Food preparation sink.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 8. Mop sink.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 9. Handwashing sink. Note - All sinks must have hot and cold water.   |

**C. Grounds**

- | In                                  | Out                                 | NA                                  |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. Approved play area with fence.                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Playground equipment approved before installation.               |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. Playground completed before opening for business.                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Safe arrival/departure areas.                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 6. Soil tested for lead.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Other _____  |

**II. Furniture And Equipment****A. Furniture**

- | In                                  | Out                      | NA                       |                    |
|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

**B. Equipment**

- | In                                  | Out                      | NA                                  |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Approved location of laundry equipment  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Recommended toys appropriate for ages of children are available.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Approved bedding <input checked="" type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input type="checkbox"/> pads |

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

**III. Other**

- | In                                  | Out                      | NA                       |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |

**IV. Recommendations**


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*Sandra Moore*  
Operator/Center/Date

*Shirley O*  
Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County LeFloreDate 11/17/2020Facility Name Treasured HeartsLicense Number PendingPurpose Possible FinalCapacity 20**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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Room and playground capacity met    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Center capacity met                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| License/complaint visible           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. |                      |
| 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 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 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 | <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>2</u> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

Center Director/Individual Andrea MooreChild Care Representative Stacy



# Child Care Licensure Playground Checklist

Center Name Treasured Hearts Daycare Inspection Date 11/17/2020

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 Playground 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)
- ☒ ☐ ☐ 8. All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (5), pg 59)
- ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
- ☐ ☐ ☒ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
- ☐ ☐ ☒ 11. If swings are present, are S-hooks in good repair? If not, state deficiency  
\_\_\_\_\_  
(CPSC 3.2, pg 14; 2.5.2, pg 1 & 5.3.8.1, pg 37)
- ☐ ☐ ☒ 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency  
\_\_\_\_\_  
(CPSC 5.3.6.4-5 pgs 34-35)
- ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
- ☐ ☐ ☒ 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate  
\_\_\_\_\_  
(Rule 1.10.2, pg 46 & CPSC 2.2.6, pg 6)
- ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency.  
\_\_\_\_\_  
(Rule 1.11.11 (1), pg 61)
- ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
- ☒ ☐ ☐ 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 46 & CPSC 3.6, pg 16-17)
- ☐ ☐ ☒ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director Sherry Mack Licensing Official Sherry Mack