



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Forest Date 8/21/2020

Facility Name Lil Teknon Learning Cntr. License Number 5748

Purpose Renewal (virtual) Capacity 60

follow-up

### 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

|   | In                                  | Out                      | COS                      | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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. | 3 yr - 4- [redacted] |
| 2. | 1 yr - 5- [redacted] |
| 3. | AS - 7- [redacted]   |
| 4. | [redacted]           |
| 5. | [redacted]           |
| 6. | [redacted]           |
| 7. | [redacted]           |

| Other Items - Must be corrected        | In                                  | Out                      | COS                      | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Children's belongings separated/stored | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuation plans posted                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Menus posted and served                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan of activities                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Building and Grounds

|   |                                     |                          |                          |                                     |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Walls, ceilings, floors, toys, equipment clean and in good repair   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Lighting approved   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Heating/cooling approved  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ventilation adequate  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Glass approved and shielded   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Telephone on premises, available, and functioning   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Electrical outlets protected  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Large appliances located properly   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sinks and toilets working properly  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Hot water at all sinks, not to exceed 120°  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Children barred from kitchen  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Vending machine snacks meet nutritional guidelines, if present  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exits, doors and fastening devices single action approved and in good working order   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Exits unobstructed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| First aid kits stocked and easily accessible  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Playground area clean, shaded, well drained and equipped and fence in good repair   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Playground equipment meets standards  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Pool area clean, fenced, and adequately maintained  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diaper changing stations adequate in number and each fully supplied (number _____)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Center Director/Individual Virtual inspection Child Care Representative Jamica No



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 8

Date 8/21/2020

Name Lil Teknon Learning Center License No. 18CDPFA-5748

Address 125 W. 8<sup>th</sup> St, Hattiesburg  
Center/Organization/Individual

Purpose Follow-up Renewal (virtual) Director Alisa Watts

Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_

County Forest Telephone No. 601-336-7497

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

Findings/Comments A virtual follow up inspection was conducted with Ms. Alisa & Kontrina. ~~100~~

Follow up was due to children being left unattended.

No deficiencies were observed during the inspection.

virtual inspection  
Center Director/Designee/Individual

Jemica My  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Lil Teknon Learning Cntr. License No. 5748 Date 8/21/2020

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

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

Pass -  
 License to be issued:  Regular  Probational  Restricted  
 Fail  
 Follow-up within \_\_\_\_\_ days Virtual inspection  
 Director  Designee Jamie Neap  
 Child Care Representative

# Child Care Licensure Playground Checklist

Center Name Lil Teknon Learning Center Inspection Date 8/21/2020

- | YES                                 | NO                       | N/A                                 |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), 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 (8), 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, pg8)   |
| <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 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (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, pg13)   |
| <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 5.3.6.4-5 pgs 34-35)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)  |
| <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 36)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)   |

Director \_\_\_\_\_ Licensing Official Jerica Ne



# Food Establishment Inspection Report

|  |  |                                      |                     |                                  |
|--|--|--------------------------------------|---------------------|----------------------------------|
| Establishment<br><i>Lil Teknon Learning Center</i> |  |                                      | Time in             |                                  |
| Address<br><i>125 W 8th St</i>                     |  | City/State<br><i>Hattiesburg, ms</i> | Zip<br><i>39401</i> | Telephone<br><i>601-336-7497</i> |
| License/Permit#<br><i>5748</i>                     |  |                                      | Permit Holder       | Risk Level<br><i>2</i>           |

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

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

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

Date *8/21/2020*

Person in Charge (Signature) *Virtual inspection*

Inspector (Signature) *Jenica*