



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

Pg. 1

County Hinds Date 06.08.2021  
Facility Name \_\_\_\_\_ License Number # 6516  
Purpose Renewal / TA Capacity 225

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input checked="" 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.	Infant. 5. 1 CG
2.	Toddlers. 5. 2 CG
3.	Toddlers. 4. 3 CG
4.	2's 10 4 CG
5.	Older/2/3 12 5 GG
6.	3/4 14 6 CG
7.	11/12 12 7 CG
	7/8 9 8 CG

## Other Items - Must be corrected

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

## Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Debra Watts

Child Care Representative Angela Lewis





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Hinds

Date 06-08-2021

Facility Name Renewal / TA

License Number #6516

Purpose Renewal / TA

Capacity 225

## All Items In Red Are Critical

	In	Out	COS	N/A
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## Possible Monetary Penalty

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

	Age/Child/Staff Name
1.	4 year 7 9 CG
2.	4 year 6 10 CG
3.	
4.	
5.	
6.	
7.	

## Other Items - Must be corrected

	In	Out	COS	N/A
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Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Debra Watts

Child Care Representative

Azadeh Green





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5 NEW VINEYARD COMMUNITY  
 Lic. 25CERAS-6516 DEVELOPMENT  
 Date 06.08.2021  
 Name CENTER License No. # 6516  
 Address 4207 RAINEY RD, Jackson, MS 39212  
 Ph. 601-487-2330  
 Center/Organization/Individual  
 Purpose Renewal Inspection / TA Director Stephane Watts  
 Mileage Start — Mileage End —  
 County Hinds Telephone No. —  
 Time In 10:45 a.m. Time Out 2:35 a.m. Total Time —

Findings/Comments Upon arrival the LO met w/ both designee, Debra  
Divinity and director, Stephane Watts on today's  
visit.

The purpose of this visit is to conduct a renewal  
inspection and to provide technical assistance.

During the walk-through of the facility the LO observed  
the following:

Subchapter 11: BUILDINGS AND GROUNDS  
 Deficiency: Rule 1.11.1 (8) States in part, ceilings,  
 floor, and/or floor covering shall be properly installed,  
 kept clean and in good condition, and maintained in  
 good repair.

Findings: LO observed flooring needs  
to either cleaned or replaced in  
classrooms (B-218, B-207, B-204,  
and B-205).

TA was provided w/ director/designee flooring  
covering shall be properly installed, kept clean,  
in good condition, and maintained in good repair.

P.O.C

1. What measures will you put into place to  
 correct the violation and how will you prevent  
 recurrence of the violation? 2. Who will be  
 responsible for monitoring violation from  
 recurrence? 3. What is the date of completion?

The director/designee stated they  
will have the carpet pulled and replaced  
in each classroom as needed.

The director/designee stated they  
will monitor to make sure if carpet/flooring  
needs to be cleaned, it will be done quarterly or  
early if need be. Dated of completion?  
August 10, 2021.

Stephane Watts  
 Center Director/Designee/Individual

Azelda Ellis  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator



NEW VINEYARD COMMUNITY  
Lic. 25CERAS-6516 DEVELOPMENT  
CENTER  
4207 RAINEY RD, Jackson, MS 39212  
Ph. 601-487-2330

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
**Child Care Encounter  
(Continuation)**

Date 06.08.2021

Facility Name \_\_\_\_\_

License No. #6516

Subchapter 11: BUILDINGS AND  
GROUNDS

Deficiency: Rule 1.11.1 (12) Walls shall  
be kept clean and free of torn wall  
covering and chipped paint.

Findings: LO observed in classroom  
B-218, B-216 both had electrical  
outlet covers broken needs to be  
replaced.

TA was provided w/ facility to prevent any hazards  
broken covers needs to be replaced in each  
of those classrooms.

P.O.C

1. What measures will you put into place to  
correct the violation and how will you prevent  
recurrence of the violation? 2. Who will be  
responsible for monitoring violation from  
recurrence? 3. What is the date of completion?

Director/designee will go purchase  
more plates to replace in each  
of those classrooms where they  
are broken.

Director/designee will monitor monthly to make  
sure all classrooms are keep safe for the children  
Dated & of Completion: June 11, 2021. Please submit  
pictures to the LO once all is completed.  
Per renewal process please see form # 289.

LO left a green survey card w/ director Stephanie Watts,  
on today's visit.



LO- Licensing Official  
COS-Corrected on Site  
TA-Technical Assistance  
POC-Plan of Correction  
LOS-Letter of Suitability

Stephanie Watts  
Center Director/Designee/Individual

Azelda Gelin  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



NEW VINEYARD COMMUNITY  
Lic. 25CERAS-6516 DEVELOPMENT  
CENTER  
4207 RAINEY RD, Jackson, MS 39212  
Ph. 601-487-2330



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name \_\_\_\_\_ License No. # 0516 Date 06.08.2021

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Policies and procedures ( <i>Parent's Handbook</i> ) {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 ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {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 checked="" type="checkbox"/>	9. Medication record with date, time, signature for 90 days {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. Personnel records ( <i>attach employee's records form</i> ) {Rule 1.6.4}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Children records ( <i>attach children's records form</i> ) {Rule 1.6.7}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Reports of serious occurrences made as required {Rule 1.7.1}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Communicable diseases reported as required {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. Staff present who hold valid CPR and First Aid Certification {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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Appropriate discipline policy followed {Subchapter 14}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Appropriate transportation policy followed {Subchapter 15}
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Infant feeding schedules posted ( <i>Appendix C, VII</i> )

**Comments/Recommendations** \_\_\_\_\_ Go online to [www.healthymms.com](http://www.healthymms.com) to complete your online application and pay fees and print your license on or before July 31, 2021, to avoid late fees and reinstatement fees.

Please submit the following for your Renewal process:  
 \*Fire Form #333  
 \*2, 4, or 6 weeks menus  
 \*Zoning Letter (Hinds County Only)  
 \*Contact hours  
 \* Etc.

☐ Pass –  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within \_\_\_\_\_ days

☒ Director ☐ Designee

Stephanie Watts Azura Green  
 Child Care Representative



# Food Service Facility Inspection Results

PIMS ID # 6516	Facility Name NEW VINEYARD COMMUNITY Lic. 25CERAS-6516 DEVELOPMENT CENTER 4207 RAINEY RD, Jackson, MS 39212 Ph. 601-487-2330	Date 06.07.2021
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## CRITICAL VIOLATIONS

Observed no critical violations on today's visit.

## VIOLATION PLAN AND SCHEDULE

(A)

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

Please Remit within 10 days to:

Debra Divinity S/S 6.28.23

Certified Manager

Licence Number

Facility Signature Debra Watts
Environmental Signature A. Eldon Ellis

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



# Playground Checklist

NEW VINEYARD COMMUNITY  
Lic. 25CERAS-6516 DEVELOPMENT  
CENTER  
4207 RAINEY RD, Jackson, MS 39212  
Ph. 601-487-2330

Center Name \_\_\_\_\_

Inspection Date 06.08.2021

YES ☒ NO ☐ N/A ☐

1. ☒ ☐ ☐ 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. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 60)
3. ☒ ☐ ☐ 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 9-10 & 4.3)
4. ☒ ☐ ☐ 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 59)
5. ☒ ☐ ☐ 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. ☒ ☐ ☐ 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 46)
7. ☒ ☐ ☐ 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 16-17)
8. ☒ ☐ ☐ 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. ☒ ☐ ☐ 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 16)
10. ☒ ☐ ☐ 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 41)
11. ☐ ☐ ☒ 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. ☒ ☐ ☐ 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. ☐ ☐ ☒ 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2 & CPSC 5.3.7. pg 36-37)
14. ☒ ☐ ☐ 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. ☒ ☐ ☐ 15. Is playground area clean & free of hazards? If not, state deficiency. \_\_\_\_\_ (Rule 1.11.11 (1), pg 61)
16. ☒ ☐ ☐ 16. Is adequate shade present on the playground? (Rule 1.11.9 (7), pg 60 & CPSC 2.1.1, pg 5)
17. ☒ ☐ ☐ 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. ☒ ☐ ☐ 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5, pg 15)

Director \_\_\_\_\_

Licensing Official \_\_\_\_\_

Azeldu Eleno