



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Facility Inspection**

County <u>Lamar</u>	M&M Learning Factory 30 Town Center Square Bellegrass Hattiesburg, MS 39402	Date <u>10.22.20</u>
Facility Name _____	601-336-6757 Lic. No: 18CEPFA-6644	Phone Number _____
Purpose <u>Renewal Visit</u>	Director: Leiloni Davenport	Capacity <u>140</u>

**All Items In Red Are Critical**

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sanitation Approved**

Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Possible Monetary Penalty**

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

	Age/Child/Staff Name
1.	
2.	
3.	<u>See 2nd Encounter</u>
4.	
5.	
6.	
7.	

**Other Items - Must be corrected**

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

**Building and Grounds**

Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>4</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual \_\_\_\_\_

Child Care Representative \_\_\_\_\_



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District 8Date 10.22.20

Name	M&M Learning Factory	
Address	30 Town Center Square Bellegrass	
	Hattiesburg, MS 39402	
Purpose	<u>Renewal Virtual</u>	
	601-336-6757 Lic. No: 18CEPFA-6644	
	Director: Leiloni Davenport	
Mileage Start	Mileage End	
County	<u>Lamar</u>	
	Telephone No.	
Time In	Time Out	Total Time
<u>11:20</u>	<u>11:50</u>	

Findings/Comments Renewal virtual was conducted.No deficiencies observed during inspection.Awaiting on fire form, menus, contact hours and signed memo form.

"Class I and II violations may result in a monetary penalty. Repeated violation may result in the doubling of a monetary penalty, suspension or revocation of the license."

Center Director/Designee/Individual

Shanetha Bonner  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 10.22.20

M&M Learning Factory  
30 Town Center Square Bellegrass  
Hattiesburg, MS 39402  
601-336-6757 Lic. No: 18CEPFA-6644  
Director: Leiloni Davenport

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

License No. \_\_\_\_\_

Room	Age	# Child	Staff
#3 1A	1	7	
1 B	1	4	
2 A	2	9	
#8 3B	2	10	
#7 2B	3	11	
#11	4	2	

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

M&M Learning Factory  
 30 Town Center Square Bellegrass  
 Hattiesburg, MS 39402  
 601-336-6757 Lic. No: 18CEPFA-6644  
 Director: Leiloni Davenport



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 10.22.20

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policies and procedures (<i>Parent's Handbook</i>)</b> {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Personnel records (<i>attach employee's records form</i>)</b> {Rule 1.6.4}
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Reports of serious occurrences made as required</b> {Rule 1.7.1}
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Communicable diseases reported as required</b> {Rule 1.7.3}
16.	<input 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"/>	<b>Staff present who hold valid CPR and First Aid Certification</b> {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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appropriate discipline policy followed</b> {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appropriate transportation policy followed</b> {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted ( <i>Appendix C, VII</i> )

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☒ Pass - Pending  
 License to be issued: ☐ Regular ☐ Probational ☐ Restricted  
☐ Fail  
☐ Follow-up within \_\_\_\_\_ days  
☐ Director ☐ Designee

Shanelle Berna  
 Child Care Representative

# Food Service Facility Inspection Results

PIMS ID	Facility Name: M&M Learning Factory 30 Town Center Square Bellegrass Hattiesburg, MS 39402 601-336-6757 Lic. No: 18CEPFA-6644 Director: Leiloni Davenport	Date	10.22.20
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## CRITICAL VIOLATIONS

No critical violations

## CONVICTION PLAN AND SCHEDULE

NA  
Facility issued an  
"A"

- ☐ 92020 Scheduled
- ☐ 92030 Followup
- ☐ 92040 Complaint
- ☐ 92050 Consultation
- ☐ 92070 Plan Review/Const.
- ☐ 92080 No Inspection
- ☐ 92090 Restaurant Training

- ☒ 92010 Permit No Charge
- ☐ 92015 Permit 1 \$30.00
- ☐ 92011 Permit 2 \$100.00
- ☐ 92012 Permit 3 \$150.00
- ☐ 92013 Permit 4 \$200.00

Permit Date

Environmental Code

SBB

Please Remit within 10 days to:

Leiloni Davenport  
Certified Manager

Tummy Safe  
Licence Number  
exp Aug. 23, 2024

Facility Signature

Environmental Signature

Shanelle Bennett

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



Corrective Action Required: Yes No  
 Corrections required by (Date) \_\_\_\_\_

## Food Establishment Inspection Report

Establishment	M&M Learning Factory 30 Town Center Square Bellegrass Hattiesburg, MS 39402 601-336-6757 Lic. No: 18CEPFA-6644	Time in	
Address		Zip	Telephone
License/Permit#	Director: Leiloni Davenport	Permit Holder	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	Description
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Person in charge present, demonstrates knowledge, and performs duties
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A			Manager certification
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Management awareness; policy present
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of reporting, restriction & exclusion
<b>Good Hygienic Practices</b>			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			Proper eating, tasting, drinking, or tobacco use
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>			
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			Hands clean and properly washed
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O			No bare hand contact with ready-to-eat foods
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible
<b>Approved Source</b>			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from approved source
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O			Food received at proper temperature
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe, and unadulterated
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O			Required records available: shellstock tags, parasite destruction
<b>Protection from Contamination</b>			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A			Food separated and protected
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A			Food - contact surfaces: cleaned & sanitized
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food
<b>Potentially Hazardous Food (TCS food)</b>			
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O			Proper cooking time and temperatures
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O			Proper reheating procedures for hot holding
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O			Proper cooling time and temperature
20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O			Proper hot holding temperatures
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Proper cold holding temperatures
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O			Proper date marking and disposition
23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O			Time as a public health control: procedure & records

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

Date **10.22.20**

Person in Charge (Signature) \_\_\_\_\_

Inspector (Signature) **Shane Berman**

M&M Learning Factory  
30 Town Center Square Bellegrass  
Hattiesburg, MS 39402  
601-336-6757 Lic. No: 18CEPFA-6644  
Director: Leiloni Davenport

Inspection Date 10.22.20

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

- | YES                                 | NO                       | NA                                  |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/4" from surface. (Rule 1.11.9 (3), pg 48) In good repair with no gaps? (Rule 1.11.9 (3), pg 48)                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (3), pg 48)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg 8)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkways (CPSC 2.4.2.2-5, pg 10)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 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 (3), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 11)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 3.6.4-5 pgs 3)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 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 \_\_\_\_\_

Sharetha Benito