



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County <u>Hinds</u>	Date <u>5.5.21</u>
Facility Name _____	License Number <u># 2629</u>
Purpose <u>Renewal / TA</u>	Capacity <u>199</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.	Infant. 5. 1 CG
2.	Toddlers. 2. 2 CG
3.	4.yr.old. 10. 3 CG
4.	2.yr.old. 9. 4 CG
5.	School Age. 2. 5 CG
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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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"/>

Center Director/Individual Sylvia Wade

Child Care Representative Azelda Green





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5 NEW HORIZON CHILD CARE  
 3565 WHEATLEY ST 39212  
 Jackson, MS 39212  
 Lic: 25CARFA-2629 P. 601-371-5070  
 Attn: JACQUELINE CRUDUP

Date 5.5.21

Name \_\_\_\_\_ License No. #2629

Address \_\_\_\_\_ Center/Organization/Individual \_\_\_\_\_

Purpose Renewal Inspection / TA Director \_\_\_\_\_

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

County Hinds Telephone No. \_\_\_\_\_

Time In 8:27 a.m. Time Out 11:15 a.m. Total Time \_\_\_\_\_

Findings/Comments Upon arrival the LO met w/ the designee Sylvia Wade for today's visit.

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

Sub-chapter 11: BUILDINGS AND GROUNDS

Deficiency: (CPSC, 2.4.2, pg. 9-10 & 4.3)  
 "Is surfacing adequate?"

TA was provided on the following:  
Findings: - LO observed inadequate surfacing around and under playground equipment. According to Appendix D surfacing has to be 6 to 9 inches, to

prevent any major injuries to the children.

Sub-chapter 11: BUILDINGS AND GROUNDS

Deficiency: CPSC 3.4, 3.5 states in part, "Is fence free of brush/overgrowth?"

TA was provided on the following:  
Findings: - LO observed tree, bushes and overgrowth on the fence line on playground. Tree limbs must be at least 7 ft. above play surfaces.

Subchapter 11: BUILDINGS AND GROUNDS

Rule 1.11.11(1) Is playground area clean & free of hazardous or potentially hazardous objects.

free of and hazards, (broken tree limbs)

TA was provided on the following:  
Findings: - LO observed rust on swing-chains and playground fence. Playground should be

Class I II violations may result in a monetary penalty.

Repeated violations may result in the doubling of a monetary penalty, suspension or revocation of license.

Sylvia Wade  
 Center Director/Designee/Individual

Azelda Ellis  
 Child Care Representative

White Copy - Facility File  
 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter (Continuation)

Date 5.5.21

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

License No. # 2629

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 stated that they would get the maintenance person to monitor the playground closely monthly to ensure that playground surfacing

is adequate around and under playground structure. Also ensure tree brushes, overgrowth does not grow over the allowed limit, and watching swings / fence-line to prevent any rust from settling. Dated of completion: Wednesday, June 30, 2021.

Once all corrections are completed a follow up visit will be conducted.

Kitchen: see Kitchen Sheet

LO: left green survey card w/ designee Sylvia Wade on today's visit.

Reminders:

Helpful Hints:

Renewal Process see form:

#289

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

Sylvia Wade  
Center Director/Designee/Individual

Azelda Ceele  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator

NEW HORIZON CHILD CARE  
3565 WHEATLEY ST 39212  
Jackson, MS 39212  
Lic: 25CARFA-2629 P. 601-371-5070  
Attn: JACQUELINE CRUDUP



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

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

License No. # 2629Date 5.5.2021

- |     | Yes                                 | No                                  | N/A                                 |  |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Policies and procedures (Parent's Handbook) {Rule 1.4.1}</b>  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Attendance records for children and staff {Rule 1.6.3 (1)}   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Current staff roster (includes date of birth & date of hire) {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 {Rule 1.6.3 (6)}</b>   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Immunization Records for Children and Staff {Rule 1.6.3 (8)}   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Personnel records (attach employee's records form) {Rule 1.6.4}</b>   |
| 12. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Volunteer records {Rule 1.6.5 & Rule 1.6.6}  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Children records (attach children's records form) {Rule 1.6.7}</b>  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required {Rule 1.7.1}</b>  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Communicable diseases reported as required {Rule 1.7.3}</b>   |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) &amp; (5)}</b>   |
| 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} <i>Send copy to LO.</i>  |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}   |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate discipline policy followed {Subchapter 14}</b>  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>Appropriate transportation policy followed {Subchapter 15}</b>  |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Infant feeding schedules posted (Appendix C, VII)  |

## Comments/Recommendations \_\_\_\_\_

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.

Go online to [www.healthymys.com](http://www.healthymys.com)

to complete your online application

and pay fees and print your license on

or before June 30, 2021 to avoid

late fees and reinstatement fees.

- ☐ Pass –  
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
- ☐ Fail
- ☐ Follow-up within \_\_\_\_\_ days

☐ Director☒ Designee

*Sylvia Wade*  
\_\_\_\_\_  
Director

*Azelda Green*  
\_\_\_\_\_  
Child Care Representative



# Food Service Facility Inspection Results

PIMS ID #2629	Facility NEW HORIZON CHILD CARE 3565 WHEATLEY ST 39212 Jackson, MS 39212 Lic: 25CARFA-2629 P. 601-371-5070 Attn: JACQUELINE CRUDUP	Date 5.5.21
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## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

#33- Plumbing installed proper back flow devices.

LO observed in Kitchen handwashing sink was leaking when turned on.

director/designee stated they will have the maintenance person to repair to leaking sink completed by May 14, 2021.

LO will conduct a follow-up visit once completed.

(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

Please Remit within 10 days to:

Certified Manager

Licence Number

Facility Signature

Environmental Signature

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

# Child Care Licensure Playground Checklist

NEW HORIZON CHILD CARE  
3565 WHEATLEY ST 39212  
Jackson, MS 39212  
Lic: 25CARFA-2629 P. 601-371-5070  
Attn: JACQUELINE CRUDUP

Inspection Date 5.5.21

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

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)

*Surfacing needs to be replenish around and under 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, 2.5.2, pg 1 & 5.3.8.1, pg 37)

☐ ☐ ☒ 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 4 & CPSC 2.2.6, pg 6)

☐ ☒ ☐ 15.

Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 6)

*See #2, 9 / Rust on - swings and fence - broken limbs.*

☒ ☐ ☐ 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

*Sylvia Wade*

Licensing Official

*Azelle Ellis*