

St. James Catholic School  
603 West Avenue, Gulfport, MS 39507  
228-896-6631 Lic. No.: 7455  
Director: Stacy Cox

**Please sign the acknowledgment below and send back to your licensing official.**

This letter is an acknowledgement from the Mississippi State Health Child Care Licensure Division to the person(s) who will be held responsible for any violations that may be found while conducting any type of inspection.

I, Jennifer Broadus (name), serve in the capacity of owner, director, or director designee of St. James (center name). I acknowledge that I was instructed to review my records and building to assure that all documents are current and up-to-date and that the facility is free of hazards.

I realize that by signing this document that I am agreeing that all required documents that are needed for a temporary, mid-year, and renewal inspection for a license are in place at this time.

Jennifer Broadus (Alt. Dir.)

Director Signature

10/13/20

Date of Signature



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County HarrisonDate 10-14-2020Facility Name St. James Catholic SchoolLicense Number 7455Purpose Virtual RenewalCapacity 45

## 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.	<u>Two- 14</u>
2.	
3.	<u>Deedi Lafferty</u>
4.	<u>Ashleigh Smith</u>
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual Virtual InspectionChild Care Representative [Signature]White Copy - Facility File Yellow Copy - Facility Operator  
Mississippi State Department of Health

12-10-08

Form No. 281





## MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Program Review

Facility Name St. James Catholic School License No. 2455 Date 10-14-2020

- |     | Yes                                 | No                       | N/A                                 |  |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Policies and procedures (Parent's Handbook)</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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| 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)</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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Children records (attach children's records form)</b> {Rule 1.6.7}  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Communicable diseases reported as required</b> {Rule 1.7.3}   |
| 16. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)}   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)} <u>(twos)</u>  |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 (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</b> {Subchapter 14}  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Appropriate transportation policy followed</b> {Subchapter 15}  |
| 26. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII)  |

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

\_\_\_\_\_

\_\_\_\_\_

Toddler Two Year Old Program Operated inside  
Catholic School's no playground equipment

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

[Signature]  
 Child Care Representative





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Food Establishment Inspection Report / PERMIT TO OPERATE

<b>Establishment</b> ST JAMES ELEMENTARY SCHOOL		<b>Permit Date</b> 05/31/2020	<b>Time In</b> 09:05
<b>Address</b> 603 WEST AVE		<b>City</b> GULFPORT	<b>State Zip</b> MS 395070000
<b>Facility ID</b> 1012059		<b>Permit Holder</b> ST JAMES PARISH	<b>Manager Email Address</b> kgoacher@stjamesgulfport.com

## 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.

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

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

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

Encounter Date: 06/18/2020

Kim Goacher  
Person in Charge (Signature)  
Inspector Name: RHOADES, MICHELLE (9MR)  
Inspector (Signature)

Next encounter date: 2020-11-30, Next encounter type: Scheduled

Display for Public View / Non-Transferrable / Permit valid for 1 year from the Permit Date

Mississippi State Department of Health

Revised 12-23-2016

Form 328