| Holy Trinity Catholic School 301 S 2nd St, Bay St. Louis, MS 39520 228-467-5158 Lic. No.: 7351 | 10 | R- | \sim | |
|--|--|-------|--------|--------------|
| Director: Mary McCubbin | | | | |
| | Cility Inspection | | | |
| County Hanceda | Date 04-29-20 | 21 | |] |
| Facility Name Holy Minity CS | License Number 735 | 51 | | |
| Purpose <u>Renewal</u> | CapacityO | | | |
| All Items In Red Are Critical In Out COS N/A Qualified director present | Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities | | | N/A |
| troper staff to child ratio present Image: Comparison of the state | Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair | g | | |
| Ganitation Approved Garbage and garbage bins maintained Vector control maintained Vater system approved and functioning | Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, | | | |
| Vaste water system approved nd functioning | and functioning | | | |
| cood service approved cossible Monetary Penalty | Electrical outlets protected Large appliances located properly Sinks and toilets working properly Hot water at all sinks, not to | | | |
| Rule 1. 8.1(4) Monetary Penalty \$ | exceed 120° Children barred from kitchen | | | |
| Kule 18 (5) s | Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices single action approved and in good | | | |
| | working order | | | |
| | Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and | | | |
| | in good working order | | | |
| 13 2 yrs | First aid kits stocked and easily accessibl | e 🖸 🗌 | | |
| | Playground area clean, shaded, well drained and equipped and fence in good repair | | | |
| 4 1-2 yrs | Playground equipment meets standards | | | |
| | Pool area clean, fenced, and adequately maintained | | | |
| enter Director/Individual | Diaper changing stations adequate in number and each fully supplied (number) Child Care Representative | I D | beth | 26 |
| hite Copy - Facility File Yellow Copy - Facility Operator | - | 5 | A. W. | Leten 281 |

Form No. 281



Child Care Encounter

| District | | | Date 4/29/21 |
|----------------------------|--|----------------|--|
| Name | | License No | |
| Address | Holy Trinity Catholic School 301 S 2nd St, Bay St. Louis, M | | |
| Purpose | 228-467-5158 Lic. No.: 735 Di.ector: Mary McCubbin | 51 | |
| Mileage Start | | | |
| County Hamor | | lephone No | |
| Time In 12:15 | Time Out | Total Time | |
| Findings/Comments | • | | |
| Bulding - | no Violatione Of | served | |
| Playewind | - nu Violatione Ot | serve | |
| 0, | | | |
| Staff heren | ule - | | |
| Rule 1. 6. 1 | ue - (\$) During all b and departure of a hall be present w te - | our of opera | tion, enducien |
| Cacabite s | hall be present w | ho holde a | valid CPR |
| to certifica | te - | | |
| | | | |
| Kule 1. 8.1Ca | 5) During all ho and departice of | un of operat | tion, indudey |
| havelet s | hall be present w | hor bolets a | avalid 1st |
| aid certif | licale | | |
| | 2 | 1 | ~ |
| Jinder A | | iew it was | confirmed |
| that p no | one working to d | PR Elst Qi | licensing 1 Co. F. A. A. |
| Orogram & | lad the current (| TR ST - al | a conficator- |
| _1 | 0 | | |
| TA. Prordo | I on Rule 1.8.1 | (4) & Rule | 1.8.1(5) |
| POC-Center 1 | vill get CPR 2/11 | aid in 30 | daen |
| Center Director/Designed | i and | presentative | White Copy - Facility File Yellow Copy - Operator |
| | aner | Auden | |
| Mississippi State Departme | at of Health Re | evised 6-24-09 | Form No. 287 |

Mississippi State Department of Health

Page ____ of __

Page ____ of ____ MISSISSIPPI STATE DEPARTMENT OF HEALTH Date_04-29-20 **Child Care Encounter** (Continuation) License No. <u>1351</u> 35 Facility Name a 000100 0 3 3 2 100 00 omo la 011 DIE 0 11 C 1) N mau 00 torse me \square P 0 C C D White Copy - Facility File Yellow Copy - Operator Center Director/Designee/Individual hild Care Representative 40

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _

License No.

35

____ Date _____ 29-2021

| N | les | No | N/A | |
|-----|------|-------|---------|--|
| 1. | | | | Policies and procedures (Parent's Handbook) {Rule 1.4.1} |
| 2. | | | | Proof of Accident/Liability Insurance or documentation that parent has been notified that no |
| 2. | - | - | - | insurance is in effect {Rule 1.4.1 (i) & (j)} |
| 3. | 7 | | | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| 4. | 1 | | | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} |
| 5. | | | | Attendance records for children and staff {Rule 1.6.3 (1)} |
| 6. | | | | Current alphabetical roster of children <i>(includes date of birth)</i> {Rule 1.6.3 (2)} |
| 7. | | | | Current staff roster <i>(includes date of birth & date of hire)</i> {Rule 1.6.3 (3)} |
| 8. | | | | Monthly records of fire/disaster drills {Rule 1.6.3 (5)} |
| | | | - | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} |
| 10. | | | | Immunization Records for Children and Staff {Rule 1.6.3 (8)} |
| 11. | | | | Personnel records (attach employee's records form) {Rule 1.6.4} |
| 12. | | | | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| 13. | | | | Children records (attach children's records form) {Rule 1.6.7} |
| 14. | | | | Reports of serious occurences made as required {Rule 1.0.1} |
| 14. | | | | Communicable diseases reported as required {Rule 1.7.3} |
| 16. | | | | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4} |
| 17. | | | | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)} |
| 17. | | | | Age appropriate program of activities posted in each room {Subchapter 9} |
| 19. | | | - | Required toys present in infant room {Rule 1.10.1 (2)} |
| 20. | | | | Required toys present in toddler room {Rule 1.10.1 (2)} |
| 20. | | | | Required toys present in todaler room {Rule 1.10.1 (3)} |
| 21. | | | | Licensed pest control contractor {Rule 1.11.14} |
| 22. | | | A | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| 23. | | | | Appropriate discipline policy followed {Subchapter 14} |
| 24. | | | | Appropriate discipline policy followed {Subchapter 14} Appropriate transportation policy followed {Subchapter 15} |
| 26. | | | A | Infant feeding schedules posted (Appendix C, VII) |
| 20. | | | -0 | mant recuring schedules posted (Appendix C, VII) |
| Cor | nm | onte | Rec | ommendations |
| | | citte | b/ IXUU | |
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| | Fail | | | |

Mississippi State Department of Health White Copy - Facility File Yellow Copy - Operator

Follow-up within _____ days

X

Revised 12-19-13

MU

Designee

Director

Form 289

Child Care Representative

| Center Name | Child Care Licensure Playaround <u>Checklist</u> Holy Trinity Catholic School 301 S 2nd St, Bay St. Louis, MS 39520 228-467-5158 Lic. No.: 7351 Inspection Date <u>4-29-2021</u> |
|--|---|
| $\begin{array}{c c} \mathbf{Y}\mathbf{E}\mathbf{S} & \mathbf{NO} & \mathbf{N/A} \\ \hline \mathbf{D} & \Box & \Box & 1. \end{array}$ | Director: Mary McCubbin Playground tence less than 5-72 from surface. (new 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48) |
| | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg.48) |
| Ø Q O 3. | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8) |
| | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47) |
| | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10) |
| | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36) |
| ₽ □ □ 7. · | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15) |
| 2008. | 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) |
| | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15) Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40) |
| 00011. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg13) |
| | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC5.3.6.4-5 pgs 34-35) |
| | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15) |
| 0 0 0/14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36) |
| □ □ 15. | Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49) |
| | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5) |
| 0 0 0 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36) |
| | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5) |
| Director My | Meller Licensing Official and Statters |