



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IXDate 2-23-18

|   |                                 |
|---|---------------------------------|
| Name <u>Holy Trinity Catholic School</u>          | License No. _____               |
| Address <u>301 S. Second St Bay St. Louis, ms</u> |                                 |
| Center/Organization/Individual                    |                                 |
| Purpose <u>Initial</u>                            | Director _____                  |
| Mileage Start _____                               | Mileage End _____               |
| County <u>Hancock</u>                             | Telephone No. _____             |
| Time In <u>10:20</u>                              | Time Out _____ Total Time _____ |

Findings/Comments met with Christina Castore for Initial Inspection.

Building - Install 2 diaper changing sinks - one in each room.

Records - Submit valid letter of suitability for any staff left alone with children

Submit qualifications for director

Paperwork submit copy of parent handbook for approval

Send in 2 week cycle of menus for approval.

Children may not play on slide structure on playground approved for 4 years and older only.

Call for final

Discuss maximum capacity with MS Lizana

See form 286 for items marked "out".

[Signature]  
Center Director/Designee/Individual

[Signature]  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name Holy Trinity Catholic School Date 2-23-18  
 Physical Address 301 S Second St, Bay St. Louis  
 Operator \_\_\_\_\_ Daytime Telephone Number 228-467-5158  
☒ Commercial Facility ☐ Occupied Residence \_\_\_\_\_ Year Building was constructed \_\_\_\_\_  
 Total # of Floors 1 # of Floors Used for Child Care \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Rooms Used for Child Care \_\_\_\_\_  
 Construction: Masonry \_\_\_\_\_ Brick ☒ Frame \_\_\_\_\_ Metal \_\_\_\_\_ Other \_\_\_\_\_

## I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

### A. General

- | In                                  | Out                                 | NA                                  |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Walls – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Floors – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 4. Ceiling – <input type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 5. Plug covers on all outlets.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____<br>Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed).   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 10. Adequate, proper heating and/or cooling systems.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11. Child safe thermometers at child level in every room utilized by children.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 12. Adequate lighting. Note – All lights must be shielded.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 13. Telephone accessible to caregivers.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 14. Individual compartments or hooks for each child.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 15. Diaper changing stations in all rooms housing children who are not toilet trained.<br>Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations _____.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 17. Emergency evacuation plan posted.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 18. Hot and cold running water at all handwashing sinks.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead.   |

**B. Kitchen/Food Preparation Area**

In Out NA

- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.  
☒ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)  
 Note - Number and Type must be based on menu evaluation and number of meals to be prepared.  
☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.  
☒ ☐ ☐ 4. Separate freezer when 50+ children are served.  
☒ ☐ ☐ 5. Approved dishwasher. \_\_\_\_\_  
☒ ☐ ☐ 6. Three (3) compartment sink.  
☒ ☐ ☐ 7. Food preparation sink.  
☒ ☐ ☐ 8. Mop sink.  
☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

**C. Grounds**

In Out NA

- ☒ ☐ ☐ 1. Approved play area with fence.  
☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed. *equipment only approved for 4 yr. olds*  
☒ ☐ ☐ 3. Playground equipment approved before installation.  
☒ ☐ ☐ 4. Playground completed before opening for business.  
☒ ☐ ☐ 5. Safe arrival/departure areas.  
☐ ☐ ☒ 6. Soil tested for lead.  
☐ ☐ ☐ 7. Other \_\_\_\_\_

**II. Furniture And Equipment****A. Furniture**

In Out NA

- ☒ ☐ ☐ 1. Appropriate  
☒ ☐ ☐ 2. Child size  
☒ ☐ ☐ 3. Adequate number

**B. Equipment**

In Out NA

- ☒ ☐ ☒ 1. Approved location of laundry equipment  
☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.  
☒ ☐ ☐ 3. Approved bedding - ☐ cribs ☒ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

**III. Other**

In Out NA

- ☒ ☐ ☐ Complies with local zoning, building and fire safety codes.

**IV. Recommendations**

Operator/Center Date

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

Licensing Officer

Revised 8-05-09

Form No. 286



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County Harrold Date 7-20-18  
 Facility Name Holy Trinity Catholic School License Number Pending  
 Purpose Final Capacity 30 (per request)

## 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 checked="" type="checkbox"/> |
| Center capacity met                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| License/complaint visible           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. |                      |
| 4. |                      |
| 5. |                      |
| 6. |                      |
| 7. |                      |

## Other Items - Must be corrected

|  | In                                  | Out                      | COS                      | N/A                                 |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Children's belongings separated/stored | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 Deini McSweeneyChild Care Representative Amanda S. S.

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 Encounter

District 14Date 7-20-18Name Holy Trinity Catholic School License No. pendingAddress 301 S Second St., Bay St. Louis, MS  
Center/Organization/IndividualPurpose Final Director Reini McNeill

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

County Hancock Telephone No. \_\_\_\_\_Time In 10:45 Time Out \_\_\_\_\_ Total Time \_\_\_\_\_

## Findings/Comments \_\_\_\_\_

Final Inspection - met with Principal Lizana and Director Reini McNeill.

TA provided on setting up and maintaining facility files, LOS #121 Binder, Display of license.

Facility will be ~~reviewed~~ approved for license.

Maximum Capacity for facility is 54 (27 children each classroom) based on measurements. Facility requests capacity be set @ 30 children. Please provide most recent kitchen inspection and copy of ServSafe Certificate for food manager.

Kitchen inspected by MSDH ~~Environmental~~ Environmental.

Composite (slide) structure on playground is for Four (4) years and older.

rmcneill@holyltrinitycatholic.net

Reini McNeill  
Center Director/Designee/Individual

Amanda H. Smith  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator