



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District IXDate 3-21-19

Name _____	St. James Catholic School – Two Year Old	No. _____
Address _____	Program	
	603 West Avenue, Gulfport, MS 39507	
Purpose <u>Initial</u>	228-896-6631 Lic. No.: New Facility	
	Director: Jennifer Broadus, Principal	
Mileage Start _____	Mileage End _____	
County <u>Harrison</u>	Telephone No. _____	
Time In <u>10:00 (appt.)</u>	Time Out <u>12:00pm</u>	Total Time _____

## Findings/Comments

Initial inspection -

- Parish Hall (outside gym) and 2 classrooms in main Building were measured. ~~the~~ facility will decide which space to use. See floor plan and Capacity worksheets for Capacity of each space.

- Two year old program will be strictly separated from all school children and activities.

- Please provide copy of Degree and Transcripts for ~~Jennifer~~ Jennifer Broadus for Director Qualis. approval

Please Submit

- Handbook
- fire Insp.
- menus (2 weeks) + Food Mngn. Certification
- LOS all employees who will be alone w/ children
- IDI for Staff
- See checklist for additional items needed.
- Kitchen Inspection
- Call for final inspection

Jennifer Broadus  
Center Director/Designee/Individual

Amanda K. Smith  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name St. James Catholic School – Two Year Old Program Date July 9, 19  
 Physical Address 603 West Avenue, Gulfport, MS 39507  
228-896-6631 Lic. No.: New Facility  
 Operator Director: Jennifer Broadus, Principal per \_\_\_\_\_

☐ Commercial Facility ☐ Occupied Residence \_\_\_\_\_ Year Building was constructed \_\_\_\_\_

Total # of Floors \_\_\_\_\_ # 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" 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 checked="" type="checkbox"/> | <input 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 19. Building constructed prior to 1965 has been tested for lead.  |

**B. Kitchen/Food Preparation Area***inspected by MSDM Env.*

In Out NA

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

**C. Grounds**

In Out NA

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Approved play area with fence.                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. All hazards including non-approved playground equipment removed. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Playground equipment approved before installation.               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Playground completed before opening for business.                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Safe arrival/departure areas.                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Soil tested for lead.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Other _____  |

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

In Out NA

- |                                     |                          |                          |                    |
|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Appropriate     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child size      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adequate number |

**B. Equipment**

In Out NA

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Approved location of laundry equipment   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Recommended toys appropriate for ages of children are available.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved bedding - <input type="checkbox"/> cribs <input checked="" type="checkbox"/> cots <input type="checkbox"/> pads |

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

**III. Other**

In Out NA

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complies with local zoning, building and fire safety codes. |
|-------------------------------------|--------------------------|--------------------------|---|

**IV. Recommendations**

*Stacey Cox*  
Operator/Center/Date

*Anna L. Walters*  
Licensing Officer  
*Andrew*



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Inspection

County Harrison Date 7-9-19

Facility Name St. James Catholic Sch. License Number Pending

Purpose Final Capacity \_\_\_\_\_

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input 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.	<u>Not open yet</u>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Stacey CoxChild Care Representative Ann & Walter

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 IXDate 7-9-19

Name _____	License No. <u>pending</u>
Address _____	St. James Catholic School – Two Year Old Program
Purpose <u>Final</u>	603 West Avenue, Gulfport, MS 39507
Mileage Start _____	228-896-6631 Lic. No.: New Facility
County <u>Harrison</u>	Director: Jennifer Broadus, Principal
Time In <u>9:00</u>	Telephone No. _____
Time Out _____	Total Time _____

## Findings/Comments

Thems Still needed:

Jennifer Broadus - 121

Stacey Cox - Director Qualifications (Degree, transcript), 121, LOS, 3 mandatory trainings

\* Statement for CPR/First aid covered Adult Child, + Infant / Pediatric.

Capacity is set at 45 children based on # of toilets.

Once all documentation needed is received, license will be approved.

Stacey Cox  
Center Director/Designee/Individual

Ann G. Walker  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator