



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Facility Data Sheet

Facility Name Ms. Maes Pre-K Date 02-04-2021  
 Physical Address 2337 Pass Rd Suite F, Biloxi  
 Operator Megan Russell Daytime Telephone Number 228-207-8630  
 Commercial Facility  Occupied Residence \_\_\_\_\_ Year Building was constructed 1997  
 Total # of Floors 1 # of Floors Used for Child Care \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Rooms Used for Child Care 1  
 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 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 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" 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                       |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate refrigeration with thermometer.   |
| <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Approved stove hood, vented to outside per fire codes.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Separate freezer when 50+ children are served.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Approved dishwasher. _____   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Three (3) compartment sink.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Food preparation sink.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Mop sink.  |
| <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6. Soil tested for lead.  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Approved bedding – <input type="checkbox"/> cribs <input 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**

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*Marcy Darnell* 2/4/21  
Operator/Center/Date

*Quanda H. [Signature]*  
Licensing Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District IX

Date 02-04-2021

|   |                                |
|---|--------------------------------|
| Name <u>MS. Maes Prex</u>   | License No. <u>Pending</u>     |
| Address <u>2337 Pass Rd Ste. F, Biloxi</u><br><i>Center/Organization/Individual</i> |                                |
| Purpose <u>Initial</u>  | Director <u>Maegan Russell</u> |
| Mileage Start _____   | Mileage End _____              |
| County <u>Harrison</u>  | Telephone No. _____            |
| Time In <u>10:15 AM (appt.)</u>   | Time Out _____                 |
| Total Time _____  |                                |

### Findings/Comments

Met with Owner/Director Maegan Russell for Initial Inspection.

To open:

Jan Building see form 286 for items marked out.

Paperwork needed:  
official transcripts showing 24 hours coursework in Early Childhood, documentation 2 years paid experience as a caregiver in licensed childcare facility, updated handbook

Call for final

Maegan Russell  
*Center Director/Designee/Individual*

Amanda K. Orl  
*Child Care Representative*  
Anna G. Walter

White Copy - Facility File  
Yellow Copy - Operator