



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

45CFPF-0816

County Bell's Educare Preschool & Daycare
CenterDate 4/10/2019 4/9/2019Facility Name 141 Ragsdale Rd
Madison, MS 39110License Number # 0816Purpose Renewal / Technical Assistance Capacity 158

All Items In Red Are Critical

	In/	Out	COS	N/A
Qualified director present	☒	☐	☐	☐
Proper staff to child ratio present	☒	☐	☐	☐
Room and playground capacity met	☒	☐	☐	☐
Center capacity met	☒	☐	☐	☐
License/complaint visible	☒	☐	☐	☐
Certified food manager	☒	☐	☐	☐

Sanitation Approved

	In/	Out	COS	N/A
Garbage and garbage bins maintained	☒	☐	☐	☐
Vector control maintained	☒	☐	☐	☐
Water system approved and functioning	☒	☐	☐	☐
Waste water system approved and functioning	☒	☐	☐	☐
Food service approved	☒	☐	☐	☐

Possible Monetary Penalty

	Monetary Penalty
1. <u>Supervisory Review</u>	\$ <u> </u>
2. <u>required</u>	\$ <u> </u>
3. <u> </u>	\$ <u> </u>
4. <u> </u>	\$ <u> </u>
5. <u> </u>	\$ <u> </u>

	Age/Child/Staff Name		
1.	3yrs-4yrs	11	Caregiver #1 #2
2.	4yrs	15	Caregiver #3 #4
3.	3yrs	12	Caregiver #5
4.	2yrs-3yrs	9	Caregiver #6
5.	4.3yrs	10	Caregiver #7
6.	1yrs	5	Caregiver #8
7.	Infants	4	Caregiver #9
	Infants	4	Caregiver #10

Center Director/Individual

Rosee Ellis Bell

Other Items - Must be corrected

	In/	Out	COS	N/A
Children's belongings separated/stored	☒	☐	☐	☐
Evacuation plans posted	☒	☐	☐	☐
Menus posted and served	☒	☐	☐	☐
Plan of activities	☒	☐	☐	☐

Building and Grounds

	In/	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	☒	☐	☐	☐
Lighting approved (TA)	☐	☒	☐	☐
Heating/cooling approved	☒	☐	☐	☐
Ventilation adequate	☒	☐	☐	☐
Glass approved and shielded	☒	☐	☐	☐
Telephone on premises, available, and functioning	☒	☐	☐	☐

Electrical outlets protected	☒	☐	☐	☐
Large appliances located properly	☒	☐	☐	☐
Sinks and toilets working properly	☒	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☒	☐	☐	☐
Children barred from kitchen	☒	☐	☐	☐
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 (Form 333 Exp. 3/11/19)	☐	☒	☐	☐
First aid kits stocked and easily accessible	☒	☐	☐	☐

Playground area clean, shaded, well drained and equipped and fence in good repair (standing water due to recent rains)	☒	☐	☐	☐
Playground equipment meets standards	☒	☐	☐	☐

Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
--	--------------------------	--------------------------	--------------------------	-------------------------------------

Diaper changing stations adequate in number and each fully supplied (number <u>5</u>)	☒	☐	☐	☐
--	-------------------------------------	--------------------------	--------------------------	--------------------------

Child Care Representative

Young CFIWhite Copy - Facility File Yellow Copy - Facility Operator
Mississippi State Department of Health

12-10-08

Form No. 281

2yrs/11 | Caregiver #11
2yrs/8 | Caregiver #2 (relief)

2yrs/9 | Caregiver #12



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 5Date 4/9/2019
4/10/2019

Name <u>45CFPF-0816</u>	License No. <u>45 C FPF-0816</u>
Address <u>Bell's Educare Preschool & Daycare Center</u>	Center/Organization/Individual
<u>141 Ragsdale Rd</u>	Director <u>Hosee Etta Bell</u>
Purpose <u>Madison, MS 39110</u>	
Mileage Start _____	Mileage End _____
County <u>Madison</u>	Telephone No. <u>601-859-7563</u>
Time In <u>8:39 am</u>	Time Out <u>12:50 pm</u>
Total Time _____	

Findings/Comments Upon arrival, MSDH licensing official Tonya Broger met with Hosee Etta Bell, Owner/Director #1. The purpose of the visit was acknowledged and the following observations were made:

- No critical violation were observed regarding the facility buildings and grounds.

Technical assistance was provided regarding the general maintenance of the facility playgrounds (#1-#3) (mowing of the lawn area to prevent pest, such as ants. Also, the bulb in the restroom light of the four year old room needs to be replaced.

- No critical violations were observed regarding the facility kitchen area

- Staff records: The facility will have 7 days to provide verification of the requested (7) staff Form 121's (Due by 4/19/2019)

The facility will have 14 days to provide verification of the request staff (1) FBI LOS (Due by 4/29/2019). MSDH staff observed to completed Finger-print card for the staff. Technical assistance was provided regarding staff may not be left alone with children or have sole responsibility for children until a valid FBI LOS is on file. Subchapter 5, Rule 1.5.2(4) and 5(b), Subchapter 6, Rule 1.6.3.(8)(9)

Children's records: The facility will have 7 days to provide verification the requested (5) children's Form 121's (Due By 4/19/2019)

Etta Bell
Director/Designee/Individual

YB CCFI
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

45CFPF-0816

Bell's Educare Preschool & Daycare
Center
141 Ragsdale Rd
Madison, MS 39110



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Page 2 of 2

Date 4/9/2019
~~4/18/2019~~

Facility Name _____

License No. 45CFPF-0816

Observed deficiencies:

Subchapter 12: Health, Hygiene, and Safety
Rule 1.12.7(1)(2) states, "Monthly fire (disaster) evacuation drills are required and a record of each drill shall be maintained in the facility records; to include date, time, number of children and staff present, and amount of time required to totally exit the building."

Findings: Based on a review of the facility records, the last fire/disaster drill conducted by the facility was on 01/19/19. The facility will have 3 days to conduct a full fire/disaster drill and provide the requested verification, as stated in Rule 1.12.7(1)(2). (Due by 4/12/2019)

Please note, an on-site drill was not conducted during the site visit due to wet grounds and inclement weather.

- A green survey card was provided to Owner/Director #1

Please contact:

Tonya Broger CCFI
(601) 364-2827 office
(601) 364-5058 fax
tonya.broger@msdh.ms.gov

Class I and Class II violations may result in a monetary Penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator

45CFPF-0816

Bell's Educare Preschool & Daycare
Center
141 Ragsdale Rd
Madison, MS 39110



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

4/9/2019

Date 4/10/2019 (B)

Facility Name _____ License No. _____

- | | Yes | No | N/A | |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 1. | ☒ | ☐ | ☐ | Policies and procedures (Parent's Handbook) {Rule 1.4.1} (TA) |
| 2. | ☒ | ☐ | ☐ | 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. | ☒ | ☐ | ☐ | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| 4. | ☐ | ☒ | ☐ | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} (See Form 289) |
| 5. | ☒ | ☐ | ☐ | Attendance records for children and staff {Rule 1.6.3 (1)} |
| 6. | ☒ | ☐ | ☐ | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)} (TA) |
| 7. | ☒ | ☐ | ☐ | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)} (TA) |
| 8. | ☐ | ☒ | ☐ | Monthly records of fire/disaster drills {Rule 1.6.3 (5)} (TA) |
| 9. | ☐ | ☐ | ☒ | 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 occurrences made as required {Rule 1.7.1} |
| 15. | ☐ | ☐ | ☒ | 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)} |
| 18. | ☒ | ☐ | ☐ | 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 (3)} |
| 21. | ☒ | ☐ | ☐ | Required toys present preschool room {Rule 1.10.1 (4)} |
| 22. | ☒ | ☐ | ☐ | Licensed pest control contractor {Rule 1.11.14} |
| 23. | ☐ | ☐ | ☒ | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| 24. | ☒ | ☐ | ☐ | Appropriate discipline policy followed {Subchapter 14} |
| 25. | ☒ | ☐ | ☐ | Appropriate transportation policy followed {Subchapter 15} |
| 26. | ☐ | ☒ | ☐ | Infant feeding schedules posted (Appendix C, VII) (TA) |

Comments/Recommendations The facility will need to provide: Verification of the request staff and children's Form 121's (Due by 4/19/2019), Verification of the request staff FBI LOS, (Due by 4/29/2019), a copy of the current Form 333 report made for 4/1/2019, Verification of the current monthly fire/disaster drill (Due by 4/12/2019), At least 2 weeks current

menus, an updated copy of the parent handbook
Pending receipt of requested documentation

- ☒ Pass -
License to be issued: ☐ Regular ☐ Probational ☐ Restricted
☐ Fail
☐ Follow-up within _____ days

☐ Director ☐ Designee

Rosee Etta Bell

Child Care Representative

Food Service Facility Inspection Results

45CFPF-0816

Bell's Educare Preschool & Daycare

PIMS ID	Facility Name, Address Center 141 Ragsdale Rd Madison, MS 39110	Date 4/9/19 4/11/2019
---------	--	--

CRITICAL VIOLATIONS

CORRECTION PLAN AND SCHEDULE

No critical violations were observed during the site visit. Letter grade "A" rec'd	
--	--

☐ 92020 Scheduled ☐ 92030 Followup ☐ 92040 Complaint ☐ 92050 Consultation ☐ 92070 Plan Review/Const. ☐ 92080 No Inspection ☐ 92090 Restaurant Training	☐ 92010 Permit No Charge ☐ 92015 Permit 1 \$30.00 ☐ 92011 Permit 2 \$100.00 ☐ 92012 Permit 3 \$150.00 ☐ 92013 Permit 4 \$200.00
Permit Date	Environmental Code TB, DS
Please Remit within 10 days to:	

Ada Harris
Certified Manager

Thomas Sale
Licence Number

Ex: 12/15/2021

Facility Signature	<u>Kasee Etta Bell</u>
Environmental Signature	<u>[Signature]</u> CCFI

White Copy - Facility
Yellow Copy - PIMS
Pink Copy - Environmentalist