



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Desoto Date 08-27-20
 Facility Name Imara Hernandez Elem License Number 5907
 Purpose Initial Renewal Capacity 100

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 type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.	5-7 years of age - care given 1/22
2.	age
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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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"/>
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Playground equipment meets standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Center Director/Individual _____

Child Care Representative Latasha Bratcher



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District I

Date 8-27-20

Name UMCA - Hernando Elem License No. 591017
 Address 455 Riley St Hernando, MS 38632
Center/Organization/Individual
 Purpose Virtual Renewal Director Manaly Smith
 Mileage Start _____ Mileage End _____
 County Desoto Telephone No. 662-429-4160
 Time In _____ Time Out _____ Total Time _____

Findings/Comments Conducted a Virtual Renewal Inspection. Conducted renewal inspection with: Manaly Smith. The following were in compliance on today visit:
Current CPR & First Aid
Current AOS & MSDA 121 form
Current Records for Staff and Children

Waiting to receive the following
Fire form 333
contact hours
Acknowledgement form
menus

Center Director/Designee/Individual

Tamekia Pritchard
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name Imma Hernandez Elem License No. 59107 Date 08-27-20

- | Yes | No | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures (Parent's Handbook) {Rule 1.4.1} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved arrival and departure procedures {Rule 1.4.1 (2)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attendance records for children and staff {Rule 1.6.3 (1)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monthly records of fire/disaster drills {Rule 1.6.3 (5)} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Immunization Records for Children and Staff {Rule 1.6.3 (8)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personnel records (attach employee's records form) {Rule 1.6.4} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Volunteer records {Rule 1.6.5 & Rule 1.6.6} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Children records (attach children's records form) {Rule 1.6.7} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Reports of serious occurrences made as required {Rule 1.7.1} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communicable diseases reported as required {Rule 1.7.3} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Daily written reports provided to parents for infants and toddlers {Rule 1.7.4} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Age appropriate program of activities posted in each room {Subchapter 9} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in infant room {Rule 1.10.1 (2)} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present in toddler room {Rule 1.10.1 (3)} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required toys present preschool room {Rule 1.10.1 (4)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Licensed pest control contractor {Rule 1.11.14} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate discipline policy followed {Subchapter 14} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate transportation policy followed {Subchapter 15} |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Infant feeding schedules posted (Appendix C, VII) |

Comments/Recommendations _____

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

Director Designee
Kimberly Bratcher
 Child Care Representative