



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 9

Date 4.25.23

Name Union Baptist Kindergarten License No. 3415

Address 1628 W Union Rd Picayune, MS
Center/Organization/Individual

Purpose Mid year / TA

Director _____

Mileage Start _____

Mileage End _____

County Pearl River

Telephone No. 601.798.8999

Time In _____

Time Out _____

Total Time _____

Findings/Comments Mid year inspection was conducted along with technical assistance. Meet with director designee Courtney Spiers.

Mid year inspection incomplete. Students were dismissing.

Inspection was conducted early due to facility closing for the summer.

Technical assistance was conducted on having a director due to current director is no longer employed. Facility will not be able to operate for the fall until an approved director is in place.

Facility will also need a food manager put in place.

Courtney Spiers
Center Director/Designee/Individual

Shawna Bonner
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Pearl River Date 4.25.23
Facility Name Union Baptist License Number 3415
Purpose mid year / TA Capacity 50

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

Garbage and garbage bins maintained	☒	☐	☐	☐
Insect control maintained	☒	☐	☐	☐
Water system approved and functioning	☒	☐	☐	☐
Waste water system approved and functioning	☒	☐	☐	☐
Food service approved	☒	☐	☐	☐

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	
2.	
3.	<u>Children not Present</u>
4.	
5.	
6.	
7.	

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

Walls, ceilings, floors, toys, equipment clean and in good repair	☒	☐	☐	☐
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Lighting approved	☒	☐	☐	☐
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	☒	☐	☐	☐

First aid kits stocked and easily accessible	☒	☐	☐	☐
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Playground area clean, shaded, well drained and equipped and fence in good repair	☒	☐	☐	☐
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Playground equipment meets standards	☒	☐	☐	☐
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Pool area clean, fenced, and adequately maintained	☐	☐	☐	☒
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Diaper changing stations adequate in number and each fully supplied (number _____)	☐	☐	☐	☐
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Center Director/Individual

Courtney Spier

Child Care Representative

Shaneta Benson

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281