



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

Loving Care Montessorri School  
 County \_\_\_\_\_ 644 East Railroad St., Long Beach, MS 39560 Date 3-13-18  
 228-223-0119 Lic. No.: 4312  
 Facility Name \_\_\_\_\_ Director: Lynn Sarbacher License Number \_\_\_\_\_  
 Purpose Renewal County: Harrison Capacity 57

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 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. <del>_____</del> | \$ _____         |
| 3. <del>_____</del> | \$ _____         |
| 4. _____            | \$ _____         |
| 5. _____            | \$ _____         |

|    | Age/Child/Staff Name  |
|----|-----------------------|
| 1. | 4's / 8 / [Redacted]  |
| 2. | 4's / 9 / [Redacted]  |
| 3. | 2's / 8 / [Redacted]  |
| 4. | 3's / 10 / [Redacted] |
| 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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

Lynn Sarbacher

Child Care Representative

Amber K. S. S.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Encounter

District IX Loving Care Montessorri School Date 3-13-18  
 644 East Railroad St., Long Beach, MS 39560  
 Name \_\_\_\_\_ 228-223-0119 Lic. No.: 4312 License No. \_\_\_\_\_  
 Address \_\_\_\_\_ Director: Lynn Sarbacher  
 County: Harrison \_\_\_\_\_ Individual \_\_\_\_\_  
 Purpose Renewal Director \_\_\_\_\_  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Harrison Telephone No. \_\_\_\_\_  
 Time In 12:30 Time Out 2:00 Total Time \_\_\_\_\_

### Findings/Comments

All in compliance. ~~But~~ No deficiencies observed.

Tummy Safe expires March 18, 2018

TA provided on Tummy Safe renewal. A copy of a valid Tummy Safe will be provided for renewal

For Renewal:

Application

Fee

Site Inspection

2 week ~~cycle~~ cycle of menus

Staff Contact hours (See form 289 pg 2)

Valid Tummy Safe Certificate

Lynn Sarbacher  
Center Director/Designee/Individual

Armanda K. Smith  
Child Care Representative

White Copy - Facility File  
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name \_\_\_\_\_ License No. \_\_\_\_\_ Date 3-13-18

| Yes                                 | No                       | N/A                                 |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. <b>Policies and procedures (<i>Parent's Handbook</i>)</b> {Rule 1.4.1}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 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)} |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Approved arrival and departure procedures {Rule 1.4.1 (2)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. 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"/>            | 5. Attendance records for children and staff {Rule 1.6.3 (1)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Current alphabetical roster of children ( <i>includes date of birth</i> ) {Rule 1.6.3 (2)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Current staff roster ( <i>includes date of birth &amp; date of hire</i> ) {Rule 1.6.3 (3)}   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Monthly records of fire/disaster drills {Rule 1.6.3 (5)}   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 9. <b>Medication record with date, time, signature for 90 days</b> {Rule 1.6.3 (6)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Immunization Records for Children and Staff {Rule 1.6.3 (8)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 11. <b>Personnel records (<i>attach employee's records form</i>)</b> {Rule 1.6.4}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. Volunteer records {Rule 1.6.5 & Rule 1.6.6}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 13. <b>Children records (<i>attach children's records form</i>)</b> {Rule 1.6.7}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. <b>Reports of serious occurrences made as required</b> {Rule 1.7.1}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. <b>Communicable diseases reported as required</b> {Rule 1.7.3}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. <b>Staff present who hold valid CPR and First Aid Certification</b> {Rule 1.8.1 (4) & (5)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Age appropriate program of activities posted in each room {Subchapter 9}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 19. Required toys present in infant room {Rule 1.10.1 (2)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Required toys present in toddler room {Rule 1.10.1 (3)}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Required toys present preschool room {Rule 1.10.1 (4)}  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Licensed pest control contractor {Rule 1.11.14}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. Pets present ( <i>proof of immunization as required, signed by veterinarian</i> ) {Rule 1.12.6}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. <b>Appropriate discipline policy followed</b> {Subchapter 14}   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. <b>Appropriate transportation policy followed</b> {Subchapter 15}   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Infant feeding schedules posted ( <i>Appendix C, VII</i> )  |

**Comments/Recommendations** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pass –  
 License to be issued:  Regular  Probational  Restricted  
 Fail  
 Follow-up within \_\_\_\_\_ days

Lynn Sarbacher  
 Director  Designee

Amanda B. [Signature]  
 Child Care Representative

# Food Service Facility Inspection Results

|         |   |                      |
|---------|---|----------------------|
| PIMS ID | Facility: <b>Loving Care Montessorri School</b><br>644 East Railroad St., Long Beach, MS 39560<br>228-223-0119 Lic. No.: 4312<br>Director: Lynn Sarbacher | Date: <b>3-13-18</b> |
|---------|---|----------------------|

## CRITICAL VIOLATIONS

## CORRECTION PLAN AND SCHEDULE

No critical violations observed

"A"

|  |  |
|--|--|
| <input type="checkbox"/> 92020 Scheduled           | <input type="checkbox"/> 92010 Permit No Charge  |
| <input type="checkbox"/> 92030 Followup            | <input type="checkbox"/> 92015 Permit 1 \$30.00  |
| <input type="checkbox"/> 92040 Complaint           | <input type="checkbox"/> 92011 Permit 2 \$100.00 |
| <input type="checkbox"/> 92050 Consultation        | <input type="checkbox"/> 92012 Permit 3 \$150.00 |
| <input type="checkbox"/> 92070 Plan Review/Const.  | <input type="checkbox"/> 92013 Permit 4 \$200.00 |
| <input type="checkbox"/> 92080 No Inspection       |  |
| <input type="checkbox"/> 92090 Restaurant Training |  |
| Permit Date  | Environmental Code                               |
| Please Remit within 10 days to:                    |  |

Lynn Sarbacher  
Certified Manager

Timmy Sape  
Licence Number  
exp. March 18, 2018

|                         |                        |
|-------------------------|------------------------|
| Facility Signature      | <u>Lynn Sarbacher</u>  |
| Environmental Signature | <u>Amanda H. S. S.</u> |

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

## Child Care Licensure Playground Checklist

Center Name Loving Care Montessori School Inspection Date 3-13-18

YES NO N/A

- |                                     |                          |                                     |     |   |
|-------------------------------------|--------------------------|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1.  | Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2.  | 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3.  | Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4.  | AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5.  | No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6.  | Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7.  | Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8.  | All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (5), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9.  | Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. | Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 11. | If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg13)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. | If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. | Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. | Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 36)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. | Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 49)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. | Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. | Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18. | Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)  |

Director Alynn Seabacher Licensing Official Amanda K. Smith