



# Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

## SURVEY TOOL

### Facility

Name: *Kimberly Jane Redding*

Provider ID: *PV86199*

Address: *3151 Avenue D, Billings, MT 59102*

Type: *Group Child Care*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Kimberly Jane Redding*

Phone: *(406) 656-8725*

Email: *redding07@hotmail*

Contact: *Kim*

Phone: *656-8725*

Email: *redding07@hotmail*

### Inspection

Type: *Renewal Inspection*

Date: *07/24/2018*

Time In: *9:03 AM* Time Out: *10:27 AM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

### Children/Caregiver Observations

Time: *9:06 AM*

# children: *9*

# under 2: *2*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Amy, Kim*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

## Building/Fire Requirements *(continued)*

5. Equipment	Yes
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6. Exiting	<b>No</b>
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37.95.705.2.:Every story of the day care facility that is used for day care purposes shall have at least two remotely located means of egress as defined in ARM 37.95.102 (42). All areas used for day care purposes must have at least one door for egress that is at least 34 inches wide and must also have one other means of egress that provides a clear opening of at least 20 inches in width, 24 inches in height, and 5.7 sq. feet in area. The bottom of the opening shall not be more than 44 inches above the floor. If windows are used for rescue or exiting purposes, the provider shall have a written and feasible evacuation plan. All exits must be unobstructed at all times.

### Deficiency

#### **The intent of this rule was not met:**

Based on observation and interview, CCL found that the egress window in the basement had rafting equipment stored on top of it. This equipment could prevent the use of the egress window.

CCL accepted Plan of Correction 08/09/18.

## Outdoor Tour

7. Play Area	Yes
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8. Swimming	Yes
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## Program Issues

9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	N/A
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## Health Issues

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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## Medication

15. Administration	N/A
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16. Storage	N/A
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## Infants/Toddlers

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	Yes
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes

## Nutrition/Food Issues

23. Sanitation	Yes
24. Meal Frequency	Yes
25. Special Diet	Yes

## Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

## Written Records

28. Parent Information	Yes
29. Facility Records	<b>No</b>

37.95.1005.12.:All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).

Deficiency

**The intent of this rule was not met:**

Based on record review, CCL found that a copy of the Safe Sleep policy signed by the staff indicating they have read and will follow the policy was not available.

CCL accepted Plan of Correction 08/09/18.

37.95.141.1.:The facility shall keep a daily attendance record of the children for whom care is provided.

Deficiency

**The intent of this rule was not met:**

Based on observation and interview, CCL found that the provider did not have a daily attendance record.

CCL accepted Plan of Correction 08/09/18.

## Written Records *(continued)*

### 30. Child File Review

**No**

37.95.140.13.:A child under 5 years of age seeking to attend a day care facility is not required to be immunized against Haemophilus influenza type B if the parent or guardian of the child objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.

#### Deficiency

#### **The intent of this rule was not met:**

Based on record review, CCL found that the following information was not maintained on forms provided by the department: an emergency consent form wasn't on file for 1 child.

CCL accepted Plan of Correction 08/09/18.

### 31. Medication File

N/A

### 32. Caregiver File Review

Yes

### 33. First Aid Requirements

Yes

## Administrative Records

### 34. License-Certificate

Yes

### 35. Facility Requirements

Yes

### 36. Registration/License Process

Yes