



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Leap Ahead Learning Center* Provider ID: *PV105288*
Address: *905 CRESCENT DR, Great Falls, MT 59404*
Type: *Child Care Center* Service Area: *Great Falls* Assigned Worker: *Jodi Linne*
Director: *Kimberly Moore* Phone: *(406) 866-0676* Email: *leapahead.lc@yahoo.com*
Contact: *Kimberly Moore* Phone: *406-866-0676* Email: *leapahead.lc@yahoo.com*

Inspection

Type: *Renewal Inspection* Date: *07/11/2018* Time In: *11:00 AM* Time Out: *12:30 PM*
Inspector: *Jodi Linne* Phone: *406-453-0526*

Children/Caregiver Observations

Time: <i>11:00 AM</i>	# children: <i>40</i>	# under 2: <i>9</i>	# caregivers: <i>8</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Caregivers

Kristina S, Mady Payne (new), Sarah D, Gizell, Jessica W, Jennifer C, Belinda H, Whitney M

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License Yes

Building/Fire Requirements

2. Inside Facility Yes

3. Equipment Yes

4. Exiting Yes

Building/Fire Requirements *(continued)*

5. Space Yes

Outdoor Tour

6. Play Area Yes

7. Swimming *Not Observed*

Program Issues

8. Supervision Yes

9. Provider Responsibilities Yes

10. Activities Yes

11. Night Care *Not Observed*

Health Issues

12. Illness Exclusion Yes

13. Health Prevention Yes

Medication

14. Administration Yes

15. Storage Yes

Infants/Toddlers

16. Diapering Yes

17. Feeding Yes

18. Bathing *Not Observed*

19. Sleeping Yes

20. Activities Yes

21. Outdoor Activities Yes

22. Special Requirements Yes

Transportation

23. Basic Requirements	Yes
24. Child Passenger Safety	Not Observed

Written Records

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	No

37.95.140.11.:*The day care facility must maintain a written record of immunization status of each enrolled child and each child of a staff member who resides at the day care facility. The facility must make those records available during normal working hours to representatives of the department or the local health authority.*

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that there was one child that did not have immunizations on file. See enclosed copy of children's record review.

Plan of Correction accepted 7/16/18.

37.95.128.1.:*A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:*

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that there was one child under age two that did not have a health record on file. See enclosed copy of children's record review.

Plan of Correction accepted 7/16/18.

28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

Administrative Records

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes