



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: *Amanda Bolin / Mandi's Busy Bees*

Provider ID: *PV96939*

Address: *188 E. Tobiano Trail, Belgrade, MT 59714*

Type: *Group Child Care*

Service Area: *Bozeman*

Assigned Worker: *Scott Soltis*

Director: *Amanda Jane Bolin*

Phone: *(406) 580-8587*

Email: *lilygracesmom@msn.com*

Contact: *Amanda Bolin*

Phone: *(406) 580-8587*

Email: *lilygracesmom@msn.com*

Inspection

Type: *KIS*

Date: *08/17/2018*

Time In: *11:55 AM* Time Out: *1:00 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

Children/Caregiver Observations

Time: *11:55 AM*

children: *9*

under 2: *3*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Amanda; Tonya

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 |
| 6. Exiting | Yes |

Outdoor Tour

- | | |
|--------------|-----|
| 7. Play Area | Yes |
|--------------|-----|

Health Issues

- | | |
|-----------------------|-----|
| 14. Health Prevention | Yes |
|-----------------------|-----|

Medication

- | | |
|-------------|-----|
| 16. Storage | Yes |
|-------------|-----|

Infants/Toddlers

- | | |
|---------------|-----|
| 17. Diapering | Yes |
| 20. Sleeping | Yes |

Written Records

- | | |
|------------------------|-----------|
| 28. Parent Information | Yes |
| 29. Facility Records | No |

37.95.708.5.:When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.

Deficiency

The intent of this rule was not met:

Based on interview, CCL found that provider has not had well water tested.

Plan of correction accepted 09/10/2018.

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|-------------------------------|-----------|
| 30. Child File Review | No |
| 37.95.141.:CHILDREN'S RECORDS | |

30. Child File Review (<i>continued</i>)	No
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Deficiency

The intent of this rule was not met:

Based on record review, CCL found that the required information was not on file. See enclosed copy of children's record review.

Plan of correction accepted 08/29/2018.

32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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