

## **Department of Public Health and Human Services**

## FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

## **INSPECTION INFORMATION**

Facility: Amy Jamieson / Growing by th	e Mile	
Type: Renewal Inspection	Date: 01/24/2017	Time: 10:45 AM
Director: Amy Jamieson		
Contact:		
Licensing Worker: Gloria Tatchell		Phone #:(406) 444-1954

Time:	10:45 AM	_ # children:	<u>4</u> # under 2:	<u>2</u> # caregivers:	1
Time:		# children:	# under 2:	# caregivers:	
Time:		# children:	# under 2:	# caregivers:	

STAFF RATIOS	
Yes	1. License
Yes	2. Overlap
	BUILDING/FIRE REQUIREMENTS
No	3. Inside Facility
	<ul> <li>37.95.121(4)</li> <li>(4) Guns must be kept in locked storage. Ammunition must be kept in locked storage separate from the gun.</li> <li>The intent of this rule was not met:</li> </ul>
	Based on observation, CCL found that a gun was stored unlocked in a bedroom closet. Plan of correction accepted February 1, 2017.
	<ul> <li>37.95.708(3)</li> <li>(3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the emergency Montana poison control center (1 (800) 222-1222) must be posted by each telephone.</li> <li>The intent of this rule was not met:</li> </ul>
	Based on observation, CCL found that phone numbers for the hospital, ambulance, and sheriff were not posted. posted. Plan of correction accepted February 1, 2017.
Yes	4. Fire Safety
Yes	5. Equipment
Yes	6. Exiting
	OUTDOOR TOUR
Yes	7. Play Area
N/A	8. Swimming
	PROGRAM ISSUES
Yes	9. Supervision
Yes	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care
	HEALTH ISSUES
Yes	13. Illness Exclusion
No	14. Health Prevention
	<ul> <li>37.95.183(2)(a-g)</li> <li>(2) A first aid kit must be kept on site at all times and must at a minimum contain: <ul> <li>(a) Unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician);</li> <li>(b) Sterile, absorbent bandages;</li> <li>(c) A cold pack;</li> <li>(d) Tape and a variety of band-aids;</li> <li>(e) Tweezers and scissors;</li> </ul> </li> </ul>

## **HEALTH ISSUES**

(f) The toll free number for the Emergency Montana Poison Control Center, 1(800) 222-1222; (g) Disposable single use gloves.

The intent of this rule was not met:

Based on observation, CCL found that the kit did not contain scissors, phone number for the Montana Poison Control Center, and disposable single use gloves. **Plan of correction accepted February 1, 2017.** 

MEDICATION			
N/A	15. Administration		
N/A	16. Storage		
	INFANTS/TODDLERS		
Yes	17. Diapering		
Yes	18. Feeding		
Yes	19. Bathing		
Yes	20. Sleeping		
Yes	21. Activities		
Yes	22. Outdoor Activities		
NUTRITION/FOOD ISSUES			
Yes	23. Sanitation		
Yes	24. Meal Frequency		
Yes	25. Special Diet		
TRANSPORTATION			
N/A	26. Basic Requirements		
N/A	27. Child Passenger Safety		
WRITTEN RECORDS			
Yes	28. Parent Information		
No	29. Facility Records		
	<ul> <li>37.95.121(3)</li> <li>(3) Any pet or animal, present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.</li> <li>The intent of this rule was not met:</li> <li>Based on interview, CCL found that the provider did not have documentation of vaccinations for two dogs and two cats.</li> <li>Plan of correction accepted February 1, 2017.</li> </ul>		

	WRITTEN RECORDS	
Yes	30. Child File Review	
Yes	31. Medication File	
Yes	32. Caregiver File Review	
Yes	33. First Aid Requirements	
	ADMINISTRATIVE RECORDS	
Yes	34. License-Certificate	
Yes	35. Facility Requirements	
Yes	36. Registration/License Process	