



# 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: *Ashley J Pomeroy / Manic Munchkins* Provider ID: *PV106120*  
 Address: *1736 Boulevard Ave #3, Havre, MT 59501*  
 Type: *Group Child Care* Service Area: *Harve* Assigned Worker: *Pamela West*  
 Director: *Ashley J Pomeroy* Phone: *(406) 945-2782* Email: .  
 Contact: . Phone: . Email: .

### Inspection

Type: *KIS* Date: *12/11/2018* Time In: *11:20 AM* Time Out: *12:25 PM*  
 Inspector: *Pam West* Phone: *406-262-9790*

### Children/Caregiver Observations

Time: <i>11:20 AM</i>	# children: <i>8</i>	# under 2: <i>4</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

### Staff Ratios

- 1. License Yes

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- 2. Overlap Yes

### Building/Fire Requirements

- 3. Inside Facility Yes

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- 4. Fire Safety **No**

37.95.

706.2. A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.

Deficiency

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

*Based on observation and interview, CCL found that the fire extinguisher was not mounted near an outside exit door. **This plan of correction was accepted on December 27,2018.***

## Building/Fire Requirements *(continued)*

5. Equipment	Yes
6. Exiting	Yes

## Outdoor Tour

7. Play Area	Yes
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## Health Issues

14. Health Prevention	Yes
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## Medication

16. Storage	Yes
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## Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

## Written Records

28. Parent Information	Yes
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29. Facility Records	<b>No</b>
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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, CCL found that the provider did not have a daily attendance record that accurately reflected the children in care. **This plan of correction was accepted on December 27, 2018.***

37.95.

141.2. The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.

Deficiency

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

*Based on observation, CCL found that the provider did not have a master list that included addresses. **This plan of correction was accepted on December 27, 2018.***

30. Child File Review	Yes
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32. Caregiver File Review	Yes
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Written Records (*continued*)

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33. First Aid Requirements

Yes