

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: Ashlynn Breana Schaub/ 406 Daycare Provider ID: PV108098

Address: 915 13th St, Havre, MT 59501

Type: Family Child Care Service Area: Harve Assigned Worker: Pamela West

Director: Ashlynn Breana Schaub Phone: (406) 945-1087 Email: .

Contact: . Phone: . Email: .

Inspection

Type: Initial-New Inspection Date: 01/10/2019 Time In: 9:50 AM Time Out: 11:20

AM

Yes

Inspector: Pam West Phone: 406-262-9790

Children/Caregiver Observations

Staff Ratios

1. License Yes

2. Overlap N/A

Building/Fire Requirements

3. Inside Facility Yes

4. Fire Safety Yes

5. Equipment Yes

Outdoor Tour

6. Exiting

7. Play Area Yes

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| Program Issues (continued) | |
|-------------------------------|--------------|
| 8. Swimming | N/A |
| Program Issues | |
| 9. Supervision | Yes |
| 10. Provider Responsibilities | Yes |
| 11. Activities | Yes |
| 12. Night Care | N/A |
| Health Issues | |
| 13. Illness Exclusion | Yes |
| 14. Health Prevention | Yes |
| Medication | |
| 15. Administration | Yes |
| 16. Storage | Yes |
| Infants/Toddlers | |
| 17. Diapering | Yes |
| 18. Feeding | Yes |
| 19. Bathing | N/A |
| 20. Sleeping | Yes |
| 21. Activities | Yes |
| 22. Outdoor Activities | Yes |
| Nutrition/Food Issues | |
| 23. Sanitation | Not Observed |
| 24. Meal Frequency | Not Observed |
| 25. Special Diet | N/A |

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

Written Records

28. Parent Information No

37.95.150.

1. Separate registration certificates and licenses shall be required for programs maintained on separate premises, even when operated by the same provider.

Deficiency

The intent of this rule was not met:

Based on observation, CCL found that the certificate was not posed in plain view.

This plan of correction was accepted on January 17, 2018.

29. Facility Records

No

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 review of facility records, 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 January 17, 2018.

| 30. Child File Review | Yes |
|----------------------------|-----|
| 31. Medication File | Yes |
| 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 |

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