



# 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: *Belt Community Church DC / Phyllis Wall*

Provider ID: *PV105342*

Address: *423 BELT CREEK RD, Belt, MT 59412*

Type: *Child Care Center*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Matt Antonich / Phyllis Wall* Phone: *(406) 277-4438*

Email: *accounting@beltdaycare.org*

Contact: *Phyllis Wall*

Phone: *406 277-4438*

Email: *accounting@beltdaycare.org*

### Inspection

Type: *Renewal Inspection*

Date: *07/16/2018*

Time In: *12:03 PM* Time Out: *1:20 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

### Children/Caregiver Observations

Time: *12:03 PM*

# children: *9*

# under 2: *3*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Phyllis and Aliese*

### 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)**

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5. Space Yes

**Outdoor Tour**

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6. Play Area Yes

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7. Swimming *Not Observed*

**Program Issues**

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8. Supervision Yes

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9. Provider Responsibilities Yes

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10. Activities Yes

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11. Night Care *Not Observed*

**Health Issues**

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12. Illness Exclusion Yes

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13. Health Prevention Yes

**Medication**

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14. Administration Yes

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15. Storage Yes

**Infants/Toddlers**

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16. Diapering Yes

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17. Feeding Yes

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18. Bathing *Not Observed*

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19. Sleeping Yes

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20. Activities Yes

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21. Outdoor Activities Yes

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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	<b>No</b>

37.95.141.6.: *The information supplied in (5)(a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.*

### Deficiency

**37.95.141(5) Prior to a child being enrolled or entered into a day care facility, the following must be on file on forms provided by the department:**

**(a) written information on each child explaining any special needs of the child, including allergies;**

**(b) a release or authorization of persons allowed to pick up the child;**

**(c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons;**

**(d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities;**

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

*Based on record review, CCL found that one child did not have the second page of the Emergency Contact/Consent form filled out or signed/dated by a parent/guardian.*

**Plan of Correction accepted 7/18/18.**

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