



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: *Beth Carrell / Wonderland LLC*

Provider ID: *PV106018*

Address: *612 Peosta Ave, Helena, MT 59601*

Type: *Group Child Care*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Beth Carrell*

Phone: *(406) 465-4857*

Email: *bdcarrell40@gmail.com*

Contact: *Beth Carrell*

Phone: *406 465 4857*

Email: *bdcarrell40@gmail.com*

Inspection

Type: *Renewal Inspection*

Date: *07/26/2018*

Time In: *10:00 PM* Time Out: *12:10 AM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *10:01 AM*

children: *4*

under 2: *8*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Beth and Nick Carrell

Staff Changes

Notes

Deficiency Notice (Additional Text)

Remember to check with parents of JJ Z. to see if the epi-pen is still required. If so, please have parents complete the Special Health Needs form. In addition, update all your OTC (Over the Counter Topical Medication) forms on a yearly basis and have parents bring in Pediatric Health Form for newly enrolled child R. O.

Please send in a copy of your pet immunizations also.

PS My phone number is incorrect on the cover letter. The correct number is the same number 444-1954.

Staff Ratios

1. License

Yes

Building/Fire Requirements (continued)

2. Overlap	Yes
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Building/Fire Requirements

3. Inside Facility	Yes
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4. Fire Safety	Yes
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5. Equipment	Yes
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6. Exiting	Yes
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Outdoor Tour

7. Play Area	Yes
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8. Swimming	N/A
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Program Issues

9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	N/A
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Health Issues

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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Medication

15. Administration	Yes
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16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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Infants/Toddlers (continued)

19. Bathing N/A

20. Sleeping **No**

37.95.1005.9.:*All cries of infants and toddlers shall be investigated.*

Deficiency

The intent of this rule was not met:

Based on observation, facility had a lower level in house where some of the infants and toddlers slept. There were not monitors in these rooms to hear possible cries of children.

21. Activities Yes

22. Outdoor Activities Yes

Nutrition/Food Issues

23. Sanitation Yes

24. Meal Frequency Yes

25. Special Diet Yes

Transportation

26. Basic Requirements N/A

27. Child Passenger Safety N/A

Written Records

28. Parent Information **No**

37.95.115.1.:*The following written information shall be made available to all parents:*

Deficiency

The intent of this rule was not met:

Based on review of facility records, provider was unable to produce the following written information in parent written information handout (or contract) : discipline policies.

29. Facility Records Yes

30. Child File Review **No**

37.95.140.5.:*Documentation of immunization status for purposes of this rule consists of a completed Montana certificate of immunization form (HES-101), including the date of birth, the name of each vaccine provided, and the month, day, and year of each vaccination.*

30. Child File Review (*continued*)**No**Deficiency**The intent of this rule was not met:**

Based on record review, CCL found that child #2 needed an update on immunizations.

37.95.128.1.:A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:

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

Based on record review, CCL found that child #3 under age two that did not have a pediatric health record. See enclosed copy of children's record review.

37.95.1003.1.:An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.

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

Based on record review, CCL found that infant #1 did not have an individualized feeding schedule on file. See enclosed copy of children's record review.

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