



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: *Cammie d'Esterre/Country Lovin' CC*

Provider ID: *PV107562*

Address: *406 Helen Dr, Belgrade, MT 59714*

Type: *Family Child Care*

Service Area: *Bozeman*

Assigned Worker: *Kirsten Geiger*

Director: *Cammie Jo D'esterre*

Phone: *(406) 853-2621*

Email:

Countrylovinchildcare@gmail.com

Contact: *Cammie*

Phone: *853-2621*

Email:

Countrylovinchildcare@gmail.com

Inspection

Type: *Renewal Inspection*

Date: *10/19/2018*

Time In: *10:15 AM* Time Out: *11:40 AM*

Inspector: *Kirsten Geiger*

Phone: *406-522-2271*

Children/Caregiver Observations

Time: *11:13 AM*

children: *1*

under 2: *2*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Cammie

Staff Changes

Notes

Provider's Own infant is missing Pediatric Health Statement.

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

N/A

Building/Fire Requirements

3. Inside Facility

Yes

10/19/2018

1 of 4

Building/Fire Requirements *(continued)*

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
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

Nutrition/Food Issues (*continued*)

22. Outdoor Activities	Yes
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Nutrition/Food Issues

23. Sanitation	Yes
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24. Meal Frequency	Yes
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25. Special Diet	N/A
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Transportation

26. Basic Requirements	N/A
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27. Child Passenger Safety	N/A
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Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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30. Child File Review	No
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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 there were 1 children under age two that did not have a pediatric health record signed by a physician, physician assistant, professional nurse or naturopathic physician. See enclosed copy of children's record review.

The Plan of Correction was accepted on October 25, 2018.

31. Medication File	Yes
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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Administrative Records

34. License-Certificate	Yes
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Administrative Records (*continued*)

35. Facility Requirements	Yes
36. Registration/License Process	Yes