



# 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: *Carolyn Bailey/Sunflower House*

Provider ID: *PV107742*

Address: *308 8th Ave W, Polson, MT 59860*

Type: *Family Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Carolyn Bailey*

Phone: *(406) 890-1994*

Email: *fsutherland@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *Renewal Inspection*

Date: *12/11/2018*

Time In: *2:26 PM* Time Out: *2:50 PM*

Inspector: *Fern Sutherland*

Phone: *406-300-7391*

### Children/Caregiver Observations

Time: *2:26 PM*

# children: *0*

# under 2: *0*

# caregivers: *1*

Time: *2:50 PM*

# children: *1*

# under 2: *0*

# caregivers: *1*

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

Yes

2. Overlap

N/A

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

### Outdoor Tour

7. Play Area

Yes

**Program Issues (continued)**

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8. Swimming	Yes
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**Program Issues**

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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**

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13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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**Medication**

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15. Administration	Yes
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16. Storage	Yes
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**Infants/Toddlers**

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17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	Yes
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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**Nutrition/Food Issues**

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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
27. Child Passenger Safety	N/A

**Written Records**

28. Parent Information	Yes
29. Facility Records	Yes
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