

Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Carolyn Bailey/Sunflower	House	
Type: _Initial-New Inspection	Date: 03/28/2018	Time: _10:00 AM
Director: Carolyn Bailey		
Contact:		
Licensing Worker: Fern Sutherla	nd	Phone #:(406) 751-5932

Time:	10:00 AM	# children:	0	# under 2:	<u>0</u> # caregivers:	1
Time:	10:25 AM	# children:	2	# under 2:	0 # caregivers:	1
Time:					# caregivers:	

	STAFF RATIOS
Yes	1. License
Not Observed	2. Overlap
	BUILDING/FIRE REQUIREMENTS
Yes	3. Inside Facility
Yes	4. Fire Safety
Yes	5. Equipment
Yes	6. Exiting
	OUTDOOR TOUR
Yes	7. Play Area
Yes	8. Swimming
	PROGRAM ISSUES
Yes	9. Supervision
Yes	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care
	HEALTH ISSUES
Yes	13. Illness Exclusion
Yes	14. Health Prevention
	MEDICATION
Yes	15. Administration
Yes	16. Storage
	INFANTS/TODDLERS
Yes	17. Diapering
Yes	18. Feeding
Yes	19. Bathing
Yes	20. Sleeping
Yes	21. Activities
Yes	22. Outdoor Activities
	NUTRITION/FOOD ISSUES
Yes	23. Sanitation
Yes	24. Meal Frequency

NUTRITION/FOOD ISSUES		
Yes	25. Special Diet	
	TRANSPORTATION	
N/A	26. Basic Requirements	
N/A	27. Child Passenger Safety	
	WRITTEN RECORDS	
Yes	28. Parent Information	
No	29. Facility Records	
	 37.95.141(2) (2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents. The intent of this rule was not met: 	
	Based on observation, CCL found the master list did not include addresses.	
No	The Plan of Correction was accepted on April 13, 2018. 30. Child File Review	
	 37.95.128(1)(a-d) (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: (a) A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or (b) A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or (c) A person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or (d) A naturopathic physician licensed under Title 37, chapter 26, MCA. The intent of this rule was not met: Based on review of 3 children's records, CCL found 1 child under age two did not have a pediatric health record. See enclosed copy of children's record review. 	
	 The Plan of Correction was accepted on April 13, 2018. 37.95.1003(1) (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. The intent of this rule was not met: Based on review of 3 Children's records, CCL found 1 infant did not have an individualized feeding schedule on file. See enclosed copy of children's record review. The Plan of Correction was accepted on April 13, 2018. 	
Yes	31. Medication File	
Vee	32. Caregiver File Review	
Yes	JZ. Caregiver File Review	

ADMINISTRATIVE RECORDS		
Yes	34. License-Certificate	
Yes	35. Facility Requirements	
Yes	36. Registration/License Process	