



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Cassie Meixner / Healthy Minds Daycare*

Provider ID: *PV100995*

Address: *111 Star Lne, Butte, MT 59701*

Type: *Family Child Care*

Service Area: *Butte*

Assigned Worker: *Michelle Harrington*

Director: *Cassandra Michelle Meixner*

Phone: *(406) 465-3610*

Email: *michelle.harrington@mt.gov*

Contact: *Cassie*

Phone: *465-3610*

Email: *michelle.harrington@mt.gov*

Inspection

Type: *Routine Inspection*

Date: *02/06/2020*

Time In: *4:00 PM* Time Out: *5:00 PM*

Inspector: *Michelle Harrington*

Phone: *406-461-2408*

Children/Caregiver Observations

Time: *4:00 PM*

children: *0*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

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

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	N/A
18. Feeding	N/A
19. Bathing	N/A
20. Sleeping	N/A
21. Activities	N/A
22. Outdoor Activities	N/A

Nutrition/Food Issues

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

Transportation

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

Written Records

28. Parent Information	N/A
29. Facility Records	N/A
30. Child File Review	N/A
31. Medication File	N/A
32. Caregiver File Review	N/A
33. First Aid Requirements	N/A

Administrative Records

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