



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION - LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

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

INSPECTION INFORMATION

Facility: Crystal Brown/Let's Go C.C./Preschool

Type: Complaint Investigation Date: 01/29/2013 Time: 11:20 AM

Director: Crystal Marie Brown

Contact: _____

Licensing Worker: Shelly Stone Phone #: (406) 268-3777

Time: 11:20 AM # children: 8 # under 2: 4 # caregivers: 2

Time: _____ # children: _____ # under 2: _____ # caregivers: _____

Time: _____ # children: _____ # under 2: _____ # caregivers: _____

Staff changes:

STAFF RATIOS

| | |
|-----|------------|
| Yes | 1. License |
| Yes | 2. Overlap |

BUILDING/FIRE REQUIREMENTS

| | |
|--------------|--------------------|
| Yes | 3. Inside Facility |
| Not Observed | 4. Fire Safety |
| Yes | 5. Equipment |
| Yes | 6. Exiting |

OUTDOOR TOUR

| | |
|--------------|--------------|
| Not Observed | 7. Play Area |
| Not Observed | 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

| | |
|--------------|--------------------|
| Not Observed | 15. Administration |
| Not Observed | 16. Storage |

INFANTS/TODDLERS

| | |
|--------------|------------------------|
| Yes | 17. Diapering |
| Yes | 18. Feeding |
| N/A | 19. Bathing |
| Yes | 20. Sleeping |
| Yes | 21. Activities |
| Not Observed | 22. Outdoor Activities |

NUTRITION/FOOD ISSUES

| | |
|-----|--------------------|
| Yes | 23. Sanitation |
| Yes | 24. Meal Frequency |

NUTRITION/FOOD ISSUES

N/A 25. Special Diet

TRANSPORTATION

Yes 26. Basic Requirements

Yes 27. Child Passenger Safety

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

No 30. Child File Review

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 record review, CCL found that there were four infant(s) that did not have an individualized feeding schedule on file.

Plan of Correction accepted March 1, 2013.

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Not Observed 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Not Observed 35. Facility Requirements

Not Observed 36. Registration/License Process