



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: Routine Inspection Date: 03/13/2012 Time: 12:58 PM

Director: Crystal Marie Brown

Contact: _____

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

Time: 12:58 PM # children: 2 # infants: 6 # caregivers: 1
Time: 01:13 PM # children: 2 # infants: 6 # caregivers: 2
Time: _____ # children: _____ # infants: _____ # caregivers: _____

STAFF RATIOS

Yes	1. License
No	<p>2. Overlap</p> <p>37.95.702(1) (1) Except for approved overlap care there shall be at least 2 caregivers caring for the children at all times when there are more than 6 children present at the home. The intent of this rule was not met:</p> <p>Based on observation and interview, CCL found that there were eight children in care. Provider is registered as a group facility with 4 overlap children.</p> <p>Plan of correction accepted 4/6/2012.</p>

BUILDING/FIRE REQUIREMENTS

No	<p>3. Inside Facility</p> <p>37.95.708(2) (2) Each facility must have a working telephone. Those facilities which have an unlisted number must make this number available to the parents and emergency contact persons of the children in care, and the appropriate regional or local offices of the department. The intent of this rule was not met:</p> <p>Based on observation and interview, CCL found that the provider took the facility cell phone with her when she left the facility, which left the facility without a working telephone associated with the facility.</p> <p>Plan of correction accepted 4/6/2012.</p>
Yes	4. Fire Safety
Yes	5. Equipment
Yes	6. Exiting

OUTDOOR TOUR

Yes	7. Play Area
N/A	8. Swimming

PROGRAM ISSUES

Yes	9. Supervision
Not Observed	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Not Observed	13. Illness Exclusion
Not Observed	14. Health Prevention

MEDICATION

Not Observed	15. Administration
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MEDICATION

Yes 16. Storage

INFANTS

Not Observed 17. Diapering

Not Observed 18. Feeding

Not Observed 19. Bathing

Yes 20. Sleeping

Not Observed 21. Activities

Not Observed 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Not Observed 23. Sanitation

Not Observed 24. Meal Frequency

Not Observed 25. Special Diet

TRANSPORTATION

Not Observed 26. Basic Requirements

Not Observed 27. Child Passenger Safety

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Not Observed 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Not Observed 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process