



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: *EduCare Preschool & Childcare*

Provider ID: *PV104354*

Address: *819 6TH ST S, Great Falls, MT 59405*

Type: *Child Care Center*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Laurie O'Leary*

Phone: *(406) 868-9293*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *KIS*

Date: *08/13/2018*

Time In: *12:30 PM* Time Out: *1:30 PM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *1:30 PM*

children: *29*

under 2: *8*

caregivers: *14*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

.

Staff Changes

Notes

Deficiency Notice (Additional Text)

Your rationales for the deficiencies regarding attendance and heavy blankets have been reviewed. These deficiencies have been removed from your record. Please return the updated deficiency notice that is enclosed.

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

Outdoor Tour *(continued)*

3. Equipment Yes

Outdoor Tour

6. Play Area Yes

Infants/Toddlers

19. Sleeping Yes

Written Records

25. Parent Information Yes

26. Facility Records **No**

37.95.141.2.: *The facility shall have a master list of the name, address and phone number of all children in their care and their parents.*

Deficiency

The intent of this rule was not met:

Based on interview, CCL found that the provider did not have a master list that contained the required information.

This plan of correction was accepted on October 18, 2018.

27. Child File Review Yes

29. Caregiver File Review Yes