



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Erica Lehfeltd / Waddlers to Toddlers* Provider ID: *PV94735*
Address: *3009 E MacDonald, Billings, MT 59102*
Type: *Group Child Care* Service Area: *Miles City* Assigned Worker: *Sharla Jerrel*
Director: *Erica Lehfeltd* Phone: *(406) 534-1091* Email: .
Contact: . Phone: . Email: .

Inspection

Type: *KIS* Date: *09/26/2018* Time In: *10:48 AM* Time Out: *12:01 PM*
Inspector: *Sharla Jerrel* Phone: *406-234-4581*

Children/Caregiver Observations

Time: <i>10:48 AM</i>	# children: <i>13</i>	# under 2: <i>2</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Caregivers

Erica, Destiny

Staff Changes

Destiny Long, Vanessa Wanner

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

No

37.95.702.4.:Except for approved overlap care, the provider may not provide care for a child if caring for that child would cause the provider to exceed the number of children the provider is registered to care for on the registration certificate.

1. License (<i>continued</i>)	No
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Deficiency

The intent of this rule was not met:

Based on observation and interview CCL found that there were 13 children in care. Provider is registered as a group facility with 4 overlap children; provider is not in the approved overlap time therefore there should only be 12 children in care.

THE PLAN OF CORRECTION WAS ACCEPTED ON 9/28/2018.

2. Overlap	Yes
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Building/Fire Requirements

3. Inside Facility	Yes
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4. Fire Safety	Yes
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5. Equipment	Yes
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6. Exiting	Yes
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Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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20. Sleeping	Yes
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Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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30. Child File Review	No
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37.95.139.1.:The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.

30. Child File Review (continued)**No**Deficiency***The intent of this rule was not met:***

Based on record review, CCL found that the parent(s) did not provide the name of the physician or health care facility.

THE PLAN OF CORRECTION WAS ACCEPTED ON 9/28/2018.

32. Caregiver File Review**Yes**

33. First Aid Requirements**Yes**