



# 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: *Explorer's Academy-Laurel*

Provider ID: *PV107610*

Address: *410 Colorado Ave, Laurel, MT 59044*

Type: *Child Care Center*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Karin Fitzgerald*

Phone: *(406) 869-2223*

Email: *karinf@billingsheadstart.org*

Contact: *Karin*

Phone: *869-2223*

Email: *karinf@billingsheadstart.org*

### Inspection

Type: *Renewal Inspection*

Date: *09/04/2018*

Time In: *9:23 AM* Time Out: *11:00 AM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

### Children/Caregiver Observations

Time: *9:24 AM*

# children: *56*

# under 2: *0*

# caregivers: *8*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Karin, Deziree, Sandra, Britney, Karen, Tori, Heidi, Marissa*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

### Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Yes

4. Exiting

Yes

**Building/Fire Requirements (continued)**

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5. Space	Yes
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**Outdoor Tour**

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6. Play Area	Yes
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7. Swimming	N/A
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**Program Issues**

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8. Supervision	Yes
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9. Provider Responsibilities	Yes
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10. Activities	Yes
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11. Night Care	N/A
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**Health Issues**

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12. Illness Exclusion	Yes
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13. Health Prevention	Yes
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**Medication**

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14. Administration	Yes
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15. Storage	Yes
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**Infants/Toddlers**

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16. Diapering	Yes
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17. Feeding	N/A
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18. Bathing	N/A
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19. Sleeping	Yes
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20. Activities	Yes
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21. Outdoor Activities	Yes
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22. Special Requirements	N/A
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## Transportation

23. Basic Requirements	Yes
24. Child Passenger Safety	Yes

## Written Records

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	Yes

28. Medication File	<b>No</b>
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37.95.181.4.:If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:

Deficiency

**The intent of this rule was not met:**

Based on review of facility records, CCL found that a medication administration policy wasn't available. CCL accepted Plan of Correction 09/10/2018.

29. Caregiver File Review	Yes
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30. First Aid Requirements	<b>No</b>
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37.95.183.1.:Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:

Deficiency

**The intent of this rule was not met:**

Based on review of facility records, CCL found that the provider did not have written policies for first aid consistent with recommendations from the American Red Cross that includes the following information: directions for calling parents if a children is severely injured and directions for calling poison control if a child is suspected of being poisoned.

CCL accepted Plan of Correction 09/10/2018.

## Administrative Records

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes