



# 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: *Florence Crittenton Home*

Provider ID: *PV75494*

Address: *901 N Harris St, Helena, MT 59601*

Type: *Child Care Center*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Denise Wells*

Phone: *(406) 603-4270*

Email: *sarahmflorencecrittenton.org*

Contact: *SARAH MITCHELL*

Phone: *406 996-1111*

Email: *sarahmflorencecrittenton.org*

### Inspection

Type: *KIS*

Date: *08/03/2018*

Time In: *1:30 PM* Time Out: *2:35 PM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

### Children/Caregiver Observations

Time: *1:30 PM*

# children: *0*

# under 2: *6*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*DENISE WELLS AND ALLISON PETTIT*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

*Remember to rewrite your facility master list so all information is on one page including addresses.  
Children's identification list is now at the end of the survey tool.*

### Staff Ratios

1. License

Yes

### Building/Fire Requirements

2. Inside Facility

Yes

## Building/Fire Requirements *(continued)*

3. Equipment Yes

## Outdoor Tour

6. Play Area Yes

## Infants/Toddlers

19. Sleeping Yes

## Written Records

25. Parent Information Yes

26. Facility Records Yes

27. Child File Review **No**

*37.95.128.1.:A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:*

*37.95.128.1.a.:A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or*

*37.95.128.1.b.:A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or*

*37.95.128.1.c.:A person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or*

*37.95.128.1.d.:A naturopathic physician licensed under Title 37, chapter26, MCA.*

### Deficiency

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

*Based on record review, CCL found that there was one child under age two that did not have a pediatric health form. See enclosed copy of children's record review.*

*The Plan of Correction was accepted on 9-6-18.*

29. Caregiver File Review Yes