



## 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: *Great Beginnings Montessori*

Provider ID: *PV107718*

Address: *4000 Springhill Rd., Bozeman, MT 59715*

Type: *Child Care Center*

Service Area: *Bozeman*

Assigned Worker: *Kirsten Geiger*

Director: *Jennifer Denhart*

Phone: *(406) 209-3495*

Email: *gennifre@gbmschool.org,*  
*brandi@gbmschool.org*

Contact: *Brandi*

Phone: *209-3495*

Email: *gennifre@gbmschool.org,*  
*brandi@gbmschool.org*

#### Inspection

Type: *Renewal Inspection*

Date: *10/24/2018*

Time In: *10:40 AM* Time Out: *11:50 AM*

Inspector: *Kirsten Geiger*

Phone: *406-522-2271*

#### Children/Caregiver Observations

Time: *11:00 AM*

# children: *12*

# under 2: *0*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

#### Caregivers

*Michael, Mckenzie*

#### Staff Changes

#### Notes

*FBI Checks*

*Registry*

*Door*

*Emergency Preparedness info*

#### Deficiency Notice (Additional Text)

*During the visit we spoke about how it is necessary, and a requirement, that parents have immediate access to the facility. If the facility would like to keep doors secure, for the safety of the children, a recommendation would be that a key pad be installed on one of the doors. Parents would be given the code which would allow them immediate access to the facility.*

**Staff Ratios**

1. License	Yes
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**Building/Fire Requirements**

2. Inside Facility	Yes
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3. Equipment	Yes
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4. Exiting	Yes
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5. Space	Yes
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**Outdoor Tour**

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

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**

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

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

16. Diapering	N/A
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17. Feeding	N/A
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18. Bathing	N/A
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**Infants/Toddlers (*continued*)**

19. Sleeping	N/A
20. Activities	N/A
21. Outdoor Activities	N/A
22. Special Requirements	N/A

**Transportation**

23. Basic Requirements	N/A
24. Child Passenger Safety	N/A

**Written Records**

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	Yes
28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

**Administrative Records**

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