



# Department of Public Health and Human Services

## FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** Holly Heathcock/Holly's Daycare

**Type:** Renewal Inspection      **Date:** 07/17/2017      **Time:** 01:00 PM

**Director:** Holly Heathcock

**Contact:** \_\_\_\_\_

**Licensing Worker:** Gloria Tatchell      **Phone #:** (406) 444-1954

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**Time:** 01:00 PM # **children:** 12 # **under 2:** 4 # **caregivers:** 3  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

|     |            |
|-----|------------|
| Yes | 1. License |
| Yes | 2. Overlap |

**BUILDING/FIRE REQUIREMENTS**

|     |  |
|-----|--|
| No  | <p>3. Inside Facility</p> <p><b>37.95.708(3)</b><br/>                 (3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the emergency Montana poison control center (1 (800) 222-1222) must be posted by each telephone.<br/> <b>The intent of this rule was not met:</b></p> <p>Based on observation, CCL found that the provider had not posted non-emergency phone numbers for the hospital, police, fire department, and ambulance.<br/> <b>Plan of correction accepted September 25, 2017.</b></p> |
| Yes | 4. Fire Safety   |
| Yes | 5. Equipment   |
| Yes | 6. Exiting   |

**OUTDOOR TOUR**

|     |              |
|-----|--------------|
| Yes | 7. Play Area |
|-----|--------------|

**HEALTH ISSUES**

|    |  |
|----|--|
| No | <p>14. Health Prevention</p> <p><b>37.95.183(4)</b><br/>                 (4) A portable first aid kit containing at least the items listed in (2) above must accompany staff and children on trips away from the facility.<br/> <b>The intent of this rule was not met:</b></p> <p>Based on review of first aid kit, CCL found the portable kit did not contain a cold pack, tweezers, and scissors.<br/> <b>Plan of correction accepted September 25, 2017.</b></p> |
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**MEDICATION**

|     |             |
|-----|-------------|
| Yes | 16. Storage |
|-----|-------------|

**INFANTS/TODDLERS**

|     |  |
|-----|--|
| Yes | 17. Diapering  |
| No  | <p>20. Sleeping</p> <p><b>37.95.1005(3)(a)</b><br/>                 (a) Infants shall not be routinely allowed to sleep in a car seat, infant swing or other apparatus.<br/> <b>The intent of this rule was not met:</b></p> <p>Based on observation, CCL found one infant sleeping in a bouncy chair.<br/> <b>Plan of correction accepted September 25, 2017.</b></p> |

**WRITTEN RECORDS**

|     |                        |
|-----|------------------------|
| Yes | 28. Parent Information |
| No  | 29. Facility Records   |

**WRITTEN RECORDS**

**37.95.141(2)**

(2) The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.

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

Based on interview, CCL found the provider did not have a master list of the children with names of parents/guardians, phone numbers, and addresses.

**Plan of correction accepted September 25, 2017.**

**37.95.1005(12)**

(12) All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).

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

Based on interview, CCL found that the caregivers had not signed the provider's safe sleep policy.

**Plan of correction accepted September 25, 2017.**

|     |                            |
|-----|----------------------------|
| Yes | 30. Child File Review      |
| Yes | 32. Caregiver File Review  |
| Yes | 33. First Aid Requirements |