



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Jennifer Brassard / Heartworks Montana

Type: Renewal Inspection **Date:** 02/06/2017 **Time:** 09:05 AM

Director: Jennifer Ann Brassard

Contact: _____

Licensing Worker: Kirsten Geiger **Phone #:** (406) 522-2271

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|-------|-----------------|-------------|-----------|------------|----------|---------------|----------|
| Time: | <u>09:10 AM</u> | # children: | <u>8</u> | # under 2: | <u>1</u> | # caregivers: | <u>2</u> |
| Time: | <u>09:30 AM</u> | # children: | <u>9</u> | # under 2: | <u>1</u> | # caregivers: | <u>2</u> |
| Time: | <u>09:45 AM</u> | # children: | <u>10</u> | # under 2: | <u>1</u> | # caregivers: | <u>2</u> |

STAFF RATIOS

| | |
|-----|------------|
| Yes | 1. License |
| N/A | 2. Overlap |

BUILDING/FIRE REQUIREMENTS

| | |
|-----|--------------------|
| Yes | 3. Inside Facility |
| Yes | 4. Fire Safety |
| Yes | 5. Equipment |
| Yes | 6. Exiting |

OUTDOOR TOUR

| | |
|-----|--------------|
| Yes | 7. Play Area |
| N/A | 8. Swimming |

PROGRAM ISSUES

| | |
|--------------|-------------------------------|
| Yes | 9. Supervision |
| Yes | 10. Provider Responsibilities |
| Not Observed | 11. Activities |
| N/A | 12. Night Care |

HEALTH ISSUES

| | |
|-----|-----------------------|
| Yes | 13. Illness Exclusion |
| Yes | 14. Health Prevention |

MEDICATION

| | |
|-----|--------------------|
| Yes | 15. Administration |
| Yes | 16. Storage |

INFANTS/TODDLERS

| | |
|--------------|------------------------|
| Yes | 17. Diapering |
| Not Observed | 18. Feeding |
| N/A | 19. Bathing |
| Yes | 20. Sleeping |
| Not Observed | 21. Activities |
| Not Observed | 22. Outdoor Activities |

NUTRITION/FOOD ISSUES

| | |
|--------------|--------------------|
| Yes | 23. Sanitation |
| Not Observed | 24. Meal Frequency |

NUTRITION/FOOD ISSUES

| | |
|-----|------------------|
| N/A | 25. Special Diet |
|-----|------------------|

TRANSPORTATION

| | |
|-----|------------------------|
| N/A | 26. Basic Requirements |
|-----|------------------------|

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|-----|----------------------------|
| N/A | 27. Child Passenger Safety |
|-----|----------------------------|

WRITTEN RECORDS

| | |
|-----|------------------------|
| Yes | 28. Parent Information |
|-----|------------------------|

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|-----|----------------------|
| Yes | 29. Facility Records |
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|----|-----------------------|
| No | 30. Child File Review |
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37.95.140(1)-(4)

(1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9):

(2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry.

(3) DT vaccine administered to a child less than 7 years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 16.28.707 that exempts the child from pertussis vaccination.

(4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophiles influenza type B, unless the child qualifies for conditional attendance in accordance with (9).

The intent of this rule was not met:

Based on record review, CCL found that there were 4 children that require proof of immunization updates. See enclosed copy of children's record review.

The Plan of Correction was accepted on February 21, 2017.

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| Yes | 31. Medication File |
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| Not Observed | 32. Caregiver File Review |
|--------------|---------------------------|

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|-----|----------------------------|
| Yes | 33. First Aid Requirements |
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ADMINISTRATIVE RECORDS

| | |
|-----|-------------------------|
| Yes | 34. License-Certificate |
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|-----|---------------------------|
| Yes | 35. Facility Requirements |
|-----|---------------------------|

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| Yes | 36. Registration/License Process |
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