



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: *Katlin Castleton / Home Away From Home*

Provider ID: *PV106847*

Address: *3223 Paxson St, Butte, MT 59701*

Type: *Group Child Care*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Katlin Marie Castleton*

Phone: *(406) 565-8912*

Email: *castleton540@gmail.com*

Contact: *Katlin Castleton*

Phone: *(406) 565-8912*

Email: *castleton540@gmail.com*

Inspection

Type: *KIS*

Date: *03/21/2019*

Time In: *1:06 PM* **Time Out:** *1:49 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

Children/Caregiver Observations

Time: *1:30 PM*

children: *6*

under 2: *2*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

Outdoor Tour

7. Play Area

Yes

Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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20. Sleeping	Yes
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Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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30. Child File Review	Yes
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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