



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Katlin Castleton / Home Away From Home

Type: Renewal Inspection **Date:** 02/13/2018 **Time:** 01:49 PM

Director: Katlin Marie Castleton

Contact: _____

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

Time: 01:45 PM # **children:** 6 # **under 2:** 4 # **caregivers:** 2
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>37.95.708(3) (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. The intent of this rule was not met:</p> <p>Based on interview, CCL found that phone numbers for parents were not posted near the telephone. Plan of correction accepted April 9, 2018.</p>
Yes	4. Fire Safety
No	<p>5. Equipment</p> <p>37.95.720(3) (3) High chairs, when used, must have a wide base and a safety strap. Portable high chairs that hook onto tables are not allowed. The intent of this rule was not met:</p> <p>Based on observation, CCL found that the high chair did not have a safety strap. Plan of correction accepted April 9, 2018.</p>
Yes	6. Exiting

OUTDOOR TOUR

Yes	7. Play Area
N/A	8. Swimming

PROGRAM ISSUES

Yes	9. Supervision
Yes	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Yes	13. Illness Exclusion
Yes	14. Health Prevention

MEDICATION

No	<p>15. Administration</p> <p>37.95.181(1) (1) No day care employee, owner, or operator may administer any medication to a child without the written authorization of the parents including the child's name, date or dates for which the authorization is applicable, dosage instructions, and the signature of the child's parent or guardian. The intent of this rule was not met:</p>
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MEDICATION

Based on interview, CCL found that the provider had asthma medication for one child but did not have written parental authorization to administer the medication. The medication had not been administered.
Plan of correction accepted April 9, 2018.

No	<p>16. Storage</p> <p>37.95.182(2)</p> <p>(2) Any nonprescription medication brought into the facility for use by a specific child shall be labeled with the following information:</p> <ul style="list-style-type: none"> (a) the date; (b) child's first and last name; (c) specific legible instructions for administration and storage (i.e., the manufacturer's instructions); and (d) the name of the health care provider, parent, or guardian who made the recommendation. <p>The intent of this rule was not met:</p> <p>Based on observation and interview, CCL found that a non-prescription medication was not labeled with the date, the child's first and last name, specific legible instructions for administration and storage, and the name of the health care provider, parent, or guardian who made the recommendation.</p> <p>Plan of correction accepted April 9, 2018.</p>
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INFANTS/TODDLERS

No	<p>17. Diapering</p> <p>37.95.1001(8)</p> <p>(8) Diapering and toileting areas shall contain a wash basin that is separate from that used for food preparation.</p> <p>The intent of this rule was not met:</p> <p>Based on interview, CCL found that the caregiver washed her hands in the food prep sink after changing diapers.</p> <p>Plan of correction accepted April 9, 2018.</p>
Yes	18. Feeding
Yes	19. Bathing
Yes	20. Sleeping
Yes	21. Activities
Yes	22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes	23. Sanitation
Yes	24. Meal Frequency
Yes	25. Special Diet

TRANSPORTATION

N/A	26. Basic Requirements
N/A	27. Child Passenger Safety

WRITTEN RECORDS

Yes	28. Parent Information
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WRITTEN RECORDS

<p>No</p>	<p>29. Facility Records</p> <p>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.</p> <p>The intent of this rule was not met:</p> <p>Based on interview, CCL found that the provider did not have a master list with the names of the children , parents/guardians, addresses and phone numbers.</p> <p>Plan of correction accepted April 9, 2018.</p>
<p>Yes</p>	<p>30. Child File Review</p>
<p>No</p>	<p>31. Medication File</p> <p>37.95.181(4)(c) (c) A health care and medication plan for children who may have special health care needs or those requiring medication for chronic health conditions which has been approved by a health care provider licensed in Montana.</p> <p>The intent of this rule was not met:</p> <p>Based on interview and review of facility records, CCL found a child with asthma medication did not have a health care and medication plan completed by an approved health care provider.</p> <p>Plan of correction accepted April 9, 2018.</p>
<p>Yes</p>	<p>32. Caregiver File Review</p>
<p>Yes</p>	<p>33. First Aid Requirements</p>

ADMINISTRATIVE RECORDS

<p>Yes</p>	<p>34. License-Certificate</p>
<p>Yes</p>	<p>35. Facility Requirements</p>
<p>Yes</p>	<p>36. Registration/License Process</p>