



# Department of Public Health and Human Services

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www.dphhs.mt.gov

## SURVEY TOOL

### Facility

Name: *Keely Tingler/The Next Best Thing 2*

Provider ID: *PV105384*

Address: *2520 2nd Ave S, Great Falls, MT 59405*

Type: *Group Child Care*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Keely Tingler*

Phone: *(406) 231-5181*

Email: *keelyt@ymail.com*

Contact: *keely tingler*

Phone: *406-231-5181*

Email: *keelyt@ymail.com*

### Inspection

Type: *Renewal Inspection*

Date: *07/24/2018*

Time In: *10:45 AM* Time Out: *11:30 AM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

### Children/Caregiver Observations

Time: *10:45 AM*

# children: *5*

# under 2: *1*

# caregivers: *1*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Sara Adams*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

*Yes*

2. Overlap

*Not Observed*

### Building/Fire Requirements

3. Inside Facility

*Yes*

4. Fire Safety

*Yes*

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### Building/Fire Requirements *(continued)*

5. Equipment	Yes
6. Exiting	Yes

### Outdoor Tour

7. Play Area	Yes
8. Swimming	Not Observed

### Program Issues

9. Supervision	Yes
10. Provider Responsibilities	Yes
11. Activities	Yes
12. Night Care	Not Observed

### Health Issues

13. Illness Exclusion	Yes
14. Health Prevention	Yes

### Medication

15. Administration	Yes
16. Storage	No

37.95.182.3.:All medications, refrigerated or unrefrigerated, shall:

Deficiency

**(a) have child-protective caps;**

**(b) be kept in an orderly fashion;**

**(c) be stored away from food at the proper temperatures; and**

**(d) kept in a location inaccessible to children or kept in a locked box.**

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

Based on observation, CCL found that a tube of diaper rash cream was stored in an unlocked drawer in the diaper changing station and was accessible to children.

**Plan of Correction accepted 8/15/18.**

## Infants/Toddlers

17. Diapering	Yes
18. Feeding	Not Observed
19. Bathing	Not Observed
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes

## Nutrition/Food Issues

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

## Transportation

26. Basic Requirements	Yes
27. Child Passenger Safety	Not Observed

## Written Records

28. Parent Information	Yes
29. Facility Records	<b>No</b>

37.95.141.2.: *The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.*

Deficiency

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

*Based on review of facility records, CCL found that the provider did not have addresses included on the master list.*

***Plan of Correction accepted 8/15/18.***

30. Child File Review	<b>No</b>
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37.95.140.1.: *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):*

## 30. Child File Review (continued)

No

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

Based on record review, CCL found that one child did not have verification of immunizations and one child required verification of up-to-date immunizations. See enclosed copy of children's record review.

**Plan of Correction accepted 8/15/18.**

37.95.128.1.:A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:

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

Based on record review, CCL found that there was one child under age two that did not have a pediatric health record on file. See enclosed copy of children's record review.

**Plan of Correction accepted 8/15/18.**

## 31. Medication File

Yes

## 32. Caregiver File Review

No

37.95.160.1.:The provider shall maintain records regarding each care-giver which include:

Deficiency

**(a) a record of training and verifiable experience;**

**(b) results of a criminal and protective services background check:**

**(c) personal statement of health and verification of CPR and first aid; and**

**(d) immunization records that establish compliance with ARM 37.95.140**

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

Based on review of staff paperwork, CCL found that the provider did not have the following information on each caregiver: Release of Information form, Person Information form, verification of immunizations and verification of current CPR/First Aid.

**Plan of Correction accepted 8/15/18.**

## 33. First Aid Requirements

Yes

## Administrative Records

## 34. License-Certificate

Yes

## 35. Facility Requirements

Yes

## 36. Registration/License Process

Yes