

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: Kimberlee Andelin	/ Itty Bitty Beavers	Provider ID: PV103906	
Address: 535 So Atlantic	St, Dillon, MT 59725		
Type: Group Child Care	Service Are	a: Butte	Assigned Worker: Kirsten Geiger
Director: Kimberlee A And	lelin Phone: (406	5) 274-7738	Email: kimeewomack@outlook.com
Contact: Kimberlee A And	elin Phone: (406	5) 274-7738	Email: kimeewomack@outlook.com
Inspection			
Type: KIS	Date: 06/19)/2018	Time In: 12:30 PM Time Out: 1:32 PM
Inspector: Scott Soltis	Phone: (406	5) 444-3074	
Children/Caregiver Obse	ervations		
Time: 12:30 PM	# children: 12	# under 2:3	# caregivers: 2
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:
Caregivers			
Kimberlee Andelin; Patty V	/ezina		
Staff Changes			
5			
Notes			
Notes			
Deficional Natica (Addit			

Deficiency Notice (Additional Text)

Based on observation the Outdoor play area was not designed so that all parts are always visible and easily supervised by staff. Per our discussion during the visit you indicated that multiple caregivers monitor the outdoor play area to satisfy the rule.

Staff Ratios

1. License

Building/Fire Requirements (continued)

2. Overlap

Building/Fire Requirements

3. Inside Facility

37.95.705.10.: Protective receptacle covers must be installed on electrical outlets in all areas occupied by children under 5 years of age.

Deficiency

The intent of this rule was not met:

Based on observation, CCL found that the outlet in the bathroom was not covered.

Plan of correction accepted 09/04/2018.

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes
Outdoor Tour	
7. Play Area	Yes
Health Issues	
14. Health Prevention	No
37.95.183.2.: A first aid kit must be kept on site at all times and must at a minimum contain:	
Deficiency	

Based on inspection, CCL found that the kit did not contain the following items: Scissors

Plan of correction accepted 09/04/2018.

 Medication

 16. Storage
 Yes

 Infants/Toddlers

 17. Diapering
 Yes

Yes

Infants/Toddlers (continued)

20. Sleeping

Written Records

28.	Parent Information
29.	Facility Records

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 observation, CCL found that the master list did not contain the parents address.

Plan of correction accepted 09/04/2018.

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

No

Yes

Yes