

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: Kristin Chapman Provider ID: PV107196

Address: 1311 5th St., Havre, MT 59501

Type: Group Child Care Service Area: Harve Assigned Worker: Pamela West

Director: Kristin Chapman Phone: Email: .

Contact: Phone: Email: .

Inspection

Type: KIS Date: 09/04/2018 Time In: 8:40 AM Time Out: 9:25 AM

Inspector: Pam West Phone: 406-262-9790

Children/Caregiver Observations

Time: 8:40 PM # children: 3 # under 2: 2 # caregivers: 2

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Caregivers

Bethany, Kristi

Staff Changes

Notes

Deficiency Notice (Additional Text)

At the time of your renewal completion, a 2 year extended license will be approved.

Staff Ratios

1. License Yes

2. Overlap Yes

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Building/Fire Requirements

3. Inside Facility

No

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 outlets were not covered on one outlet.

This was immediately corrected by the provider during the inspection.

4. Fire Safety Yes

5. Equipment Yes

6. Exiting Yes

Outdoor Tour

7. Play Area Yes

Health Issues

14. Health Prevention

Yes

Medication

16. Storage Yes

Infants/Toddlers

17. Diapering Yes

20. Sleeping Yes

Written Records

28. Parent Information No

37.95.115.1.: The following written information shall be made available to all parents:

Deficiency

The intent of this rule was not met:

Based on review of facility records, provider was unable to produce the following written information: department day care licensing requirements.

This plan of correction was accepted on September 11, 2018.

29. Facility Records Yes

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Written Records (continued) 30. Child File Review 32. Caregiver File Review 7es 33. First Aid Requirements

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