



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Leighann Minter* Provider ID: *PV102580*
Address: *3731 Stucky Rd, Bozeman, MT 59718*
Type: *Group Child Care* Service Area: *Bozeman* Assigned Worker: *Kirsten Geiger*
Director: *Leighann Marie Minter* Phone: *(406) 209-0879* Email: *dotfdaycare@gmail.com*
Contact: *Leighann* Phone: *209-0879* Email: *dotfdaycare@gmail.com*

Inspection

Type: *Pre-inspection* Date: *07/10/2018* Time In: *10:35 AM* Time Out: *12:05 PM*
Inspector: *Kirsten Geiger* Phone: *406-522-2271*

Children/Caregiver Observations

Time: <i>10:48 AM</i>	# children: <i>6</i>	# under 2: <i>2</i>	# caregivers: <i>3</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Caregivers

Leighann, Camry, Kianna

Staff Changes

Notes

Daily Schedule

Deficiency Notice (Additional Text)

Staff Ratios

2. Overlap Yes

Building/Fire Requirements

3. Inside Facility Yes

Building/Fire Requirements *(continued)*

4. Fire Safety

No

37.95.706.2.:A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.

Deficiency

The intent of this rule was not met:

Based on observation, CCL found that the fire extinguisher did not meet the minimum level of classification (2A10BC).

The Plan of Correction was accepted on July 12, 2018.

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

The intent of this rule was not met:

Based on review of first aid kit, CCL found that the kit did not contain the following items: tweezers and scissors.

The Plan of Correction was accepted on July 12, 2018.

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:

28. Parent Information (continued)**No**Deficiency**The intent of this rule was not met:**

Based on review of facility records, provider was unable to produce the following written information: a typical daily schedule of activities.

The Plan of Correction was accepted on July 12, 2018.

29. Facility Records**No**

37.95.708.5.:When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.

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

Based on interview, CCL found that provider could not provide documentation of well water being tested.

The Plan of Correction was accepted on July 12, 2018.

31. Medication File**Yes**

33. First Aid Requirements**Yes**