



# 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: *Luciene Ellingson*

Provider ID: *PV76718*

Address: *2234 Massachusetts Ave, Butte, MT 59701*

Type: *Group Child Care*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Luciene Ellingson*

Phone: *(406) 782-6852*

Email: *dennycene@live.com*

Contact: *Luciene Ellingson*

Phone: *(406) 782-6852*

Email: *dennycene@live.com*

### Inspection

Type: *KIS*

Date: *09/06/2018*

Time In: *10:53 AM* Time Out: *11:39 AM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

### Children/Caregiver Observations

Time: *10:53 AM*

# children: *11*

# under 2: *3*

# caregivers: *8*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Luciene; Dennis*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

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

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

### Outdoor Tour

7. Play Area	Yes
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### Health Issues

14. Health Prevention	Yes
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### Medication

16. Storage	Yes
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### Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

### Written Records

28. Parent Information	<b>No</b>
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37.95.115.1.: *The following written information shall be made available to all parents:*

Deficiency

**(e) regulations concerning sick children;**

**(g) discipline policies**

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

*Based on observation and interview, provider was unable to produce written regulations concerning sick children and discipline policies.*

***Plan of correction accepted 09/13/2018.***

29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes

**Written Records (continued)****33. First Aid Requirements****No**

*37.95.183.1.:Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:*

Deficiency

*(a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and*

*(b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.*

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

*Based on observation and interview, CCL found that the provider did not have written policies for first aid consistent with recommendations from the American Red Cross.*

***Plan of correction accepted 09/13/2018.***