



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Makayla Reeanne Osterberg* **Provider ID:** *PV108570*
Address: *501 E Kalispell Room 1121, Troy, MT 59935*
Type: *Group Child Care* **Service Area:** *Kalispell* **Assigned Worker:** *Diana Lamers*
Director: *Makayla Reeanne Osterberg* **Phone:** *(406) 291-7918* **Email:** *NA*
Contact: *NA* **Phone:** *NA* **Email:** *NA*

Inspection

Type: *Initial-New Inspection* **Date:** *01/24/2020* **Time In:** *12:40 PM* **Time Out:** *1:25 PM*
Inspector: *Diana Lamers* **Phone:** *406-300-7392*

Children/Caregiver Observations

Time: <i>12:40 PM</i>	# children: <i>3</i>	# under 2: <i>2</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

- | | |
|------------|-----|
| 1. License | Yes |
| 2. Overlap | N/A |

Building/Fire Requirements

- | | |
|--------------------|-----|
| 3. Inside Facility | Yes |
| 4. Fire Safety | No |

37.95.

706. GROUP AND FAMILY DAY CARE HOMES, FIRE SAFETY REQUIREMENTS

- A fire extinguisher must be easily accessible on each floor level, have a minimum level of extinguisher classification of 2A10BC, and be mounted near outside exit doors.

Deficiency

The intent of this rule was not met:

Based on observation and interview, CCL found that there is a fire extinguisher in the main hallway, but not one inside the classroom.

The Plan of Correction was accepted on February 3, 2020.

Building/Fire Requirements (continued)

5. Equipment	Yes
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6. Exiting	Yes
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Outdoor Tour

7. Play Area	Yes
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8. Swimming	N/A
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Program Issues

9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	N/A
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Health Issues

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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Medication

15. Administration	Yes
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16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	Yes
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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Nutrition/Food Issues

23. Sanitation	Not Observed
24. Meal Frequency	Not Observed
25. Special Diet	Not Observed

Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

Written Records

28. Parent Information	Yes
29. Facility Records	No

37.95.

141. CHILDREN'S RECORDS

2. The facility must 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 and interview, CCL found that the master list did not include addresses.

The Plan of Correction was accepted on February 3, 2020.

30. Child File Review	No
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37.95.

141. CHILDREN'S RECORDS

4. Prior to a child being enrolled or entered into a child care facility, the following information, signed by the parent or guardian, must be on file:
 - a. written information on each child explaining any special needs of the child, including allergies;
 - b. a release or authorization of persons allowed to pick up the child;
 - c. necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons; and
 - d. an emergency consent form. This form must accompany staff when children are away from the day care site for activities.

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

Based on review of 15 children's records, CCL found that 6 children did not have an Emergency Consent form on file. See enclosed copy of children's record review.

The Plan of Correction was accepted on February 3, 2020.

37.95.

128. DOCUMENTATION OF THE ABSENCE OF UNUSUAL HEALTH RISKS FOR CHILDREN UNDER AGE TWO

30. Child File Review (continued)**No**

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:
 - a. a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or
 - b. a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or
 - c. a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or
 - d. a naturopathic physician licensed under Title 37, chapter 26, MCA

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

Based on review of 15 children's records, CCL found there were 2 children under age two that did not have a pediatric health record on file. See enclosed copy of children's record review.

The Plan of Correction was accepted on February 3, 2020.

31. Medication File

N/A

32. Caregiver File Review

Yes

33. First Aid Requirements

Yes

Administrative Records**34. License-Certificate**

Yes

35. Facility Requirements

Yes

36. Registration/License Process

Yes