



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: *Mallory Stygles*

Provider ID: *PV102784*

Address: *535 18th Street, Havre, MT 59501*

Type: *Group Child Care*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Mallory Stygles*

Phone: *(406) 945-1041*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *KIS*

Date: *08/10/2018*

Time In: *8:50 AM* Time Out: *9:30 AM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *8:50 AM*

children: *6*

under 2: *1*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Mallory, Hailey

Staff Changes

Notes

Deficiency Notice (Additional Text)

I have verification that both you and Hailey have completed the Health and Safety Overview that was offered in 2016; therefore no further orientation training is required. Upon verification that Hailey is a member of the practitioner registry, a 3 year extended license will be issued through May 2021.

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility	Yes
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	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes