



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: *Mindy Maesar / Mini Sprouts*

Provider ID: *PV100414*

Address: *2930 Irene St., Butte, MT 59701*

Type: *Group Child Care*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Mindy Lee Maesar*

Phone: *(406) 533-9565*

Email: *mindylee5@hotmail.com*

Contact: *Mindy Maesar*

Phone: *(406) 533-9565*

Email: *mindylee5@hotmail.com*

Inspection

Type: *KIS*

Date: *03/21/2019*

Time In: *12:00 PM* **Time Out:** *12:41 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

Children/Caregiver Observations

Time: *12:00 PM*

children: *12*

under 2: *6*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

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

Health Issues

| | |
|------------------------------|------------|
| 14. Health Prevention | Yes |
|------------------------------|------------|

Medication

| | |
|--------------------|------------|
| 16. Storage | Yes |
|--------------------|------------|

Infants/Toddlers

| | |
|----------------------|------------|
| 17. Diapering | Yes |
|----------------------|------------|

| | |
|---------------------|------------|
| 20. Sleeping | Yes |
|---------------------|------------|

Written Records

| | |
|-------------------------------|------------|
| 28. Parent Information | Yes |
|-------------------------------|------------|

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|-----------------------------|------------|
| 29. Facility Records | Yes |
|-----------------------------|------------|

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|------------------------------|------------|
| 30. Child File Review | Yes |
|------------------------------|------------|

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|----------------------------------|------------|
| 32. Caregiver File Review | Yes |
|----------------------------------|------------|

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|-----------------------------------|------------|
| 33. First Aid Requirements | Yes |
|-----------------------------------|------------|