



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: *Mindy Maesar / Mini Sprouts* Provider ID: *PV100414*
 Address: *2930 Irene St., Butte, MT 59701*
 Type: *Group Child Care* Service Area: *Butte* Assigned Worker: *Michelle Harrington*
 Director: *Mindy Lee Maesar* Phone: *(406) 533-9565* Email: *michelle.harrington@mt.gov*
 Contact: *Mindy* Phone: *533-9565* Email: *michelle.harrington@mt.gov*

Inspection

Type: *Renewal Inspection* Date: *02/28/2020* Time In: *9:15 AM* Time Out: *10:00 AM*
 Inspector: *Michelle Harrington* Phone: *406-461-2408*

Children/Caregiver Observations

| | | | |
|----------------------|----------------------|---------------------|------------------------|
| Time: <i>9:00 AM</i> | # children: <i>1</i> | # under 2: <i>0</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 | Yes |
| 5. Equipment | Yes |
| 6. Exiting | Yes |

Outdoor Tour

| | |
|--------------|-----|
| 7. Play Area | Yes |
| 8. Swimming | N/A |

Program Issues

| | |
|-------------------------------|-----|
| 9. Supervision | Yes |
| 10. Provider Responsibilities | Yes |
| 11. Activities | Yes |
| 12. Night Care | N/A |

Health Issues

| | |
|-----------------------|-----|
| 13. Illness Exclusion | Yes |
| 14. Health Prevention | Yes |

Medication

| | |
|--------------------|-----|
| 15. Administration | N/A |
| 16. Storage | N/A |

Infants/Toddlers

| | |
|------------------------|-----|
| 17. Diapering | Yes |
| 18. Feeding | Yes |
| 19. Bathing | N/A |
| 20. Sleeping | Yes |
| 21. Activities | Yes |
| 22. Outdoor Activities | Yes |

Nutrition/Food Issues

| | |
|--------------------|-----|
| 23. Sanitation | Yes |
| 24. Meal Frequency | Yes |
| 25. Special Diet | Yes |

Transportation

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

Written Records

| | |
|----------------------------|-----|
| 28. Parent Information | Yes |
| 29. Facility Records | Yes |
| 30. Child File Review | Yes |
| 31. Medication File | Yes |
| 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 |