



SURVEY TOOL

Facility

Name: <i>Misty Sampson / Pleasant Dreams CC</i>		Provider ID: <i>PV79384</i>
Address: <i>1832 Whitman, Butte, MT 59701</i>		
Type: <i>Family Child Care</i>	Service Area: <i>Butte</i>	Assigned Worker: <i>Michelle Harrington</i>
Director: <i>Misty Dawn Sampson</i>	Phone: <i>(406) 491-0944</i>	Email: <i>michelle.harrington@mt.gov</i>
Contact: <i>Misty</i>	Phone: <i>4910944</i>	Email: <i>michelle.harrington@mt.gov</i>

Inspection

Type: <i>Renewal Inspection</i>	Date: <i>02/12/2020</i>	Time In: <i>4:30 PM</i>	Time Out: <i>5:30 PM</i>
Inspector: <i>Michelle Harrington</i>	Phone: <i>406-461-2408</i>		

Children/Caregiver Observations

Time: <i>4:30 PM</i>	# children: <i>5</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	Yes

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	N/A

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	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