



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: *Mitzi Ceclre*

Provider ID: *PV99735*

Address: *311 3rd St, Chinook, MT 59523*

Type: *Child Care Center*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Mitzi Ceclre*

Phone: *(406) 357-2726*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *KIS*

Date: *09/05/2018*

Time In: *12:20 PM* Time Out: *2:00 PM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *12:20 PM*

children: *15*

under 2: *3*

caregivers: *3*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Kirsten. Abra, Mitzi

Staff Changes

Notes

Deficiency Notice (Additional Text)

As discussed, please post all current feeding schedules for infants in the kitchen.

Regarding your child files, be sure to obtain one emergency contact form per child as it is intended. Be sure to double check birthdates on form for accuracy and consistency. One child file showed conflicting dates for a birthdate.

Staff Ratios

1. License

Yes

Building/Fire Requirements

- | | |
|--------------------|-----|
| 2. Inside Facility | Yes |
| 3. Equipment | Yes |

Outdoor Tour

- | | |
|--------------|-----|
| 6. Play Area | Yes |
|--------------|-----|

Infants/Toddlers

- | | |
|--------------|-----|
| 19. Sleeping | Yes |
|--------------|-----|

Written Records

- | | |
|------------------------|-----|
| 25. Parent Information | Yes |
|------------------------|-----|

- | | |
|----------------------|-----------|
| 26. Facility Records | No |
|----------------------|-----------|

37.95.1005.12.:All caregivers shall sign an acknowledgement indicating that they have read and understood the provider's policy outlined in (11).

Deficiency

The intent of this rule was not met:

Based on interview, CCL found that there was not a safe sleep policy signed by caregivers available at the time of inspection.

This plan of correction was accepted on September 17, 2018.

- | | |
|-----------------------|-----|
| 27. Child File Review | Yes |
|-----------------------|-----|

- | | |
|---------------------------|-----|
| 29. Caregiver File Review | Yes |
|---------------------------|-----|