



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Northern MT Child Development Center*

Provider ID: *PV85346*

Address: *2229 5th Avenue, Havre, MT 59501*

Type: *Child Care Center*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Kathy Bedwell*

Phone: *(406) 265-5810*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *Complaint Investigation*

Date: *02/06/2019*

Time In: *9:05 AM* **Time Out:** *10:35 AM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *9:30 AM*

children: *13*

under 2: *0*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Not Observed

4. Exiting

Not Observed

5. Space

Not Observed

Outdoor Tour

6. Play Area

Not Observed

7. Swimming

Not Observed

Program Issues

8. Supervision	Yes
9. Provider Responsibilities	Yes
10. Activities	Not Observed
11. Night Care	N/A

Health Issues

12. Illness Exclusion	Not Observed
13. Health Prevention	Not Observed

Medication

14. Administration	Not Observed
15. Storage	Not Observed

Infants/Toddlers

16. Diapering	Not Observed
17. Feeding	Not Observed
18. Bathing	N/A
19. Sleeping	Not Observed
20. Activities	Not Observed
21. Outdoor Activities	Not Observed
22. Special Requirements	Not Observed

Transportation

23. Basic Requirements	Not Observed
24. Child Passenger Safety	Not Observed

Written Records

25. Parent Information	Not Observed
26. Facility Records	Not Observed

Written Records *(continued)*

27. Child File Review	Not Observed
28. Medication File	Not Observed
29. Caregiver File Review	Not Observed
30. First Aid Requirements	Not Observed

Administrative Records

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes