



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: *Paula Jan Grassy / grassroots Montessori*

Provider ID: *PV107972*

Address: *714 E 6th Ave A, Helena, MT 59601*

Type: *Family Child Care*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Paula Jan Grassy*

Phone: *(406) 475-4890*

Email: *pgrassy@outlook.com*

Contact: *Paula Grassy*

Phone: *406 475-4890*

Email: *pgrassy@outlook.com*

Inspection

Type: *Initial-New Inspection*

Date: *08/17/2018*

Time In: *9:45 AM* Time Out: *11:15 AM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *9:00 PM*

children: *5*

under 2: *1*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Paula Grassy

Staff Changes

Notes

Deficiency Notice (Additional Text)

Remember to have any subs sign your safe sleep policy.

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

08/17/2018

1 of 3

Building/Fire Requirements (continued)

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	Yes
16. Storage	Yes

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
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29. Facility Records	No
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37.95.1005.11.: Providers must develop a written policy that describes the practices to be used to promote a safe sleep environment when children under age two are napping or sleeping.

Deficiency

The intent of this rule was not met:

Based on record review, CCL found the provider did not have a written policy describing practices used to promote a safe sleep environment.

The Plan of Correction was accepted on 8-30-18.

30. Child File Review	Yes
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31. Medication File	Yes
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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Administrative Records

34. License-Certificate	Yes
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35. Facility Requirements	Yes
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36. Registration/License Process	Yes
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