



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: Rachel Ann Hamilton / Bigfork Vikings

Provider ID: PV108052

Address: 600 Commerce St, Bigfork, MT 59911

Type: Group Child Care

Service Area: Kalispell

Assigned Worker: Diana Lamers

Director: Rachel Ann Hamilton

Phone: (406) 890-0698

Email: dlamers@mt.gov

Contact: NA

Phone: NA

Email: NA

Inspection

Type: Initial Inspection

Date: 10/17/2018

Time In: 12:10 PM Time Out: 1:25 PM

Inspector: Diana Lamers

Phone: 406-300-7392

Children/Caregiver Observations

Time: 12:10 PM

children: 9

under 2: 3

caregivers: 2

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Rachel & Holly

Staff Changes

Notes

Deficiency Notice (Additional Text)

Please return your completed Plan of Correction to me at: 121 Financial Drive, Suite B, Kalispell MT, 59901; Fax: 300-7398; or Email: dlamers@mt.gov.

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

10/17/2018

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	N/A
16. Storage	N/A

Infants/Toddlers

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	Yes
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes

Nutrition/Food Issues

23. Sanitation	Not Observed
24. Meal Frequency	Yes
25. Special Diet	Not Observed

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	No

37.95.128.1.:A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that there were 3 children under age two that did not have a pediatric health record on file. See enclosed copy of children's record review.

The Plan of Correction was accepted on October 30, 2018.

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