



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Rhiannon Tague / Mountainside Montessori* **Provider ID:** *PV107968*
Address: *32 S Ewing St, Helena, MT 59601*
Type: *Group Child Care* **Service Area:** *Helena* **Assigned Worker:** *Anna Haire*
Director: *Rhiannon Tague* **Phone:** *(406) 459-8575* **Email:** *anniet@mountainsidehelena.com*
Contact: *Annie Tague* **Phone:** *406 459-8575* **Email:** *anniet@mountainsidehelena.com*

Inspection

Type: *Renewal Inspection* **Date:** *04/11/2019* **Time In:** *9:36 PM* **Time Out:** *11:20 AM*
Inspector: *Anna Haire* **Phone:** *406-444-1954*

Children/Caregiver Observations

Time: <i>9:37 AM</i>	# children: <i>12</i>	# under 2: <i>2</i>	# caregivers: <i>4</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

Outdoor Tour (continued)

8. Swimming	N/A
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Program Issues

9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	N/A
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Health Issues

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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Medication

15. Administration	Yes
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16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	Yes
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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Nutrition/Food Issues

23. Sanitation	Yes
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24. Meal Frequency	Yes
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25. Special Diet	Yes
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Transportation

26. Basic Requirements	Yes
27. Child Passenger Safety	Yes

Written Records

28. Parent Information	No
37.95. 115.1. The following written information shall be made available to all parents:	
a. A typical daily schedule of activities;	
b. Admission requirements, enrollment procedures, hours of operation	
c. Frequency and type of meals and snacks served;	
d. Fees and payment plan;	
e. Regulations concerning sick children;	
f. Transportation and trip arrangements;	
g. Discipline policies; and	
h. Department day care licensing requirements.	

Deficiency

The intent of this rule was not met:

Based on interview, provider was unable to produce the following written information: admission requirements, enrollment procedures, hours of operation, frequency and type of meals and snacks served, fees and payment plan, regulations concerning sick children, transportation and trip arrangements, discipline policies.

The Plan of Correction was accepted on 4-26-19.

29. Facility Records	Yes
30. Child File Review	No
37.95. 140.1. Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9):	

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that child #1 did not have a MMR immunization. See enclosed copy of children's record review.

The Plan of Correction was accepted on 4-26-19.

31. Medication File	Yes
32. Caregiver File Review	Yes

Administrative Records (*continued*)

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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