



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: *Samantha J Carlsson/Playtime Learning*

Provider ID: *PV108180*

Address: *315 4th Ave SW, Choteau, MT 59422*

Type: *Group Child Care*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Samantha J Carlsson*

Phone: *(406) 466-5166*

Email:
playtimelearningcentermt@gmail.com

Contact: *Samantha*

Phone: *466-5166*

Email:
playtimelearningcentermt@gmail.com

Inspection

Type: *Renewal Inspection*

Date: *11/21/2019*

Time In: *10:15 AM* Time Out: *10:55 AM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *10:15 AM*

children: *5*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

No

37.95.

706. GROUP AND FAMILY DAY CARE HOMES, FIRE SAFETY REQUIREMENTS

2. A fire extinguisher must be easily accessible on each floor level, have a minimum level of extinguisher classification of 2A10BC, and be mounted near outside exit doors.

4. Fire Safety (*continued*)**No**Deficiency**The intent of this rule was not met:**

Based on observation by CCL on 11/21/19 at 10:15am, it was found the provider's fire extinguisher was a 1A10BC classification, not the minimum 2A10BC.

Plan of Correction accepted 1/9/2020.

5. Equipment

Yes

6. Exiting

Yes

Outdoor Tour

7. Play Area

Yes

8. Swimming

Not Observed

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

N/A

18. Feeding

Yes

19. Bathing

Not Observed

20. Sleeping

N/A

Infants/Toddlers (*continued*)

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
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27. Child Passenger Safety	<i>Not Observed</i>
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Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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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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