

## Department of Public Health and Human Services

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## SURVEY TOOL

Name: Sheila Rasmussen / Kids Kingdom			Provider ID: PV78403
	oln St, Broadus, MT 59317		
Type: Group Child Co	are Service Are	ea: Miles City	Assigned Worker: Sharla Jerrel Email: sjerrel@mt.gov
Director: Sheila Rasr	mussen Phone: (406	5) 436-2881	
Contact: .	Phone:.		Email: .
nspection			
Type: KIS	Date: 09/11	1/2018	Time In: 1:15 PM Time Out: 2:00 PM
Inspector: Sharla Jer	rrel Phone: 406	-234-4581	
Children/Caregiver	Observations		
Time: 1:05 PM	# children: 6	# under 2:2	# caregivers: 1
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:
Caregivers			
Sheila			
Staff Changes			
Notes			
Deficiency Notice (#	Additional Text)		
Staff Ratios			
1. License			
2. Overlap			
Building/Fire Requir	ements		
3. Inside Facility			

# 5. Equipment Yes 6. Exiting Yes Outdoor Tour

#### 7. Play Area

**37.95.121.6.**:Any outdoor play area must be maintained free from hazards such as wells, machinery and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least 4 feet high without any holes or spaces greater than 4 inches in diameter or natural barriers to restrict children from these areas.

#### **Deficiency**

#### The intent of this rule was not met:

Based on observation, CCL found that the outdoor area was not designed so that all parts are visible and easily supervised by staff. A small portion of the fence that blocked an area where children could not be seen easily seen was down due to new construction of a neighbor's fence. THE PLAN OF CORRECTION WAS ACCEPTED ON 10/01/2018.

#### Health Issues

14. Health Prevention	Yes
Infants/Toddlers	
17. Diapering	Yes
20. Sleeping	Yes
Written Records	
28. Parent Information	Yes

#### 29. Facility Records

**37.95.702.6.** The provider shall maintain an up-to-date a master list with the name, address, and phone number of all children in care and their parents or guardians.

**Deficiency** 

#### The intent of this rule was not met:

Based on review of facility records, CCL found that the provider did not maintain an up-to-date master list. THE PLAN OF CORRECTION WAS ACCEPTED ON 10/01/2018.

No

### Written Records (continued)

Sheila Rasmussen / Kids Kingdom

#### 30. Child File Review

37.95.139.1.: The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.

#### Deficiency

#### The intent of this rule was not met:

Based on record review, CCL found that the parent did not provide the name of the physician or health care facility.

THE PLAN OF CORRECTION WAS ACCEPTED ON 10/01/2018.

#### 32. Caregiver File Review

#### 33. First Aid Requirements

No

Yes

Yes