



# 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: *Stacey Schweigert*

Provider ID: *PV79774*

Address: *1405 12th Street Ste A, Havre, MT 59501*

Type: *Group Child Care*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Stacey L Schweigert*

Phone: *(406) 262-4673*

Email: *miss\_schwag@yahoo.com*

Contact: .

Phone: .

Email: .

### Inspection

Type: *Renewal Inspection*

Date: *07/18/2018*

Time In: *9:55 AM* Time Out: *10:55 AM*

Inspector: *Pam West*

Phone: *406-262-9790*

### Children/Caregiver Observations

Time: *9:55 AM*

# children: *7*

# under 2: *2*

# caregivers: *2*

Time: *9:55 AM*

# children: *8*

# under 2: *3*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Stacey, Tracyn*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

*Upon approval of your returned plan of correction, a 2year extended license will be approved.*

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

07/18/2018

1 of 4

**Building/Fire Requirements (continued)**

|              |     |
|--------------|-----|
| 5. Equipment | Yes |
| 6. Exiting   | Yes |

**Outdoor Tour**

|              |     |
|--------------|-----|
| 7. Play Area | Yes |
| 8. Swimming  | Yes |

**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            | N/A |
| 20. Sleeping           | Yes |
| 21. Activities         | Yes |
| 22. Outdoor Activities | Yes |

## Nutrition/Food Issues

|                    |     |
|--------------------|-----|
| 23. Sanitation     | N/A |
| 24. Meal Frequency | N/A |
| 25. Special Diet   | N/A |

## Transportation

|                            |     |
|----------------------------|-----|
| 26. Basic Requirements     | N/A |
| 27. Child Passenger Safety | N/A |

## Written Records

|  |           |
|--|-----------|
| 28. Parent Information   | Yes       |
| 29. Facility Records   | <b>No</b> |
| <p>37.95.141.2.:<i>The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.</i></p> <p><u>Deficiency</u></p> <p><b>The intent of this rule was not met:</b><br/> <i>Based on observation and interview, CCL found that the provider did not have a master list that was updated.</i></p> <p><b>This plan of correction was accepted on July 30, 2018.</b></p>   |           |
| 30. Child File Review  | <b>No</b> |
| <p>37.95.128.1.:<i>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:</i></p> <p><u>Deficiency</u></p> <p><b>The intent of this rule was not met:</b><br/> <i>Based on record review, CCL found that there was one child under age two that did not have a pediatric health record on file.</i></p> <p><b>This plan of correction was accepted on July 30, 2018.</b></p> |           |
| 31. Medication File  | N/A       |
| 32. Caregiver File Review  | Yes       |

**Administrative Records (continued)**

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|                            |     |
|----------------------------|-----|
| 33. First Aid Requirements | Yes |
|----------------------------|-----|

**Administrative Records**

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|                         |     |
|-------------------------|-----|
| 34. License-Certificate | Yes |
|-------------------------|-----|

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|                           |     |
|---------------------------|-----|
| 35. Facility Requirements | Yes |
|---------------------------|-----|

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|                                  |     |
|----------------------------------|-----|
| 36. Registration/License Process | Yes |
|----------------------------------|-----|