



# 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: *Stacy Clement*

Provider ID: *PV103014*

Address: *535 Ewing St, Helena, MT 59601*

Type: *Group Child Care*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Stacy Clement*

Phone: *(406) 465-0001*

Email: *stacysuehughes@yahoo.com*

Contact: *Stacy Clement*

Phone: *406 465 0001*

Email: *stacysuehughes@yahoo.com*

### Inspection

Type: *Renewal Inspection*

Date: *09/13/2018*

Time In: *9:30 AM* Time Out: *11:00 AM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

### Children/Caregiver Observations

Time: *9:30 AM*

# children: *12*

# under 2: *0*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*STACEY CLEMENT AND DARBY BRAMBLE*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

*Remember to add dates on some of the childrens' OTC forms and repost your license certificate.*

### Staff Ratios

1. License

Yes

2. Overlap

N/A

### Building/Fire Requirements

3. Inside Facility

Yes

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### Building/Fire Requirements *(continued)*

4. Fire Safety	Yes
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	<b>No</b>

37.95.183.2.:A first aid kit must be kept on site at all times and must at a minimum contain:

Deficiency

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

Based on review of first aid kit, CCL found that the kit did not contain the following items: tape

### Medication

15. Administration	Yes
16. Storage	Yes

### Infants/Toddlers

17. Diapering	N/A
18. Feeding	N/A
19. Bathing	N/A

### Infants/Toddlers *(continued)*

20. Sleeping	N/A
21. Activities	N/A
22. Outdoor Activities	N/A

### Nutrition/Food Issues

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

### Transportation

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

### Written Records

28. Parent Information	Yes
29. Facility Records	<b>No</b>

37.95.141.1.:*The facility shall keep a daily attendance record of the children for whom care is provided.*

Deficiency

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

*Based on review of facility records, CCL found that the provider daily attendance record was not accurate in that there were 12 children present but only 6 were signed in.*

30. Child File Review	<b>No</b>
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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 there was 1 child that did not have immunizations on file. See enclosed copy of children's record review.*

31. Medication File	Yes
32. Caregiver File Review	Yes

**Written Records (*continued*)**

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33. First Aid Requirements	Yes
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**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
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