



# 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: *Stephanie Sherman-Herreid*

Provider ID: *PV78733*

Address: *712 4th Ave E, Polson, MT 59860*

Type: *Family Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Stephanie Sherman - Herreid*

Phone: *(406) 883-3543*

Email: *stephwayne1965@gmail.com*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *Renewal Inspection*

Date: *05/23/2018*

Time In: *3:35 PM* Time Out: *4:25 PM*

Inspector: *Fern Sutherland*

Phone: *406-751-5932*

### Children/Caregiver Observations

Time: *3:35 PM*

# children: *7*

# under 2: *1*

# caregivers: *1*

Time: *3:59 PM*

# children: *6*

# under 2: *1*

# caregivers: *1*

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Stephanie*

### Staff Changes

### Notes

*Unannounced visit to conduct Renewal Inspection.*

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

05/23/2018

1 of 4

**Building/Fire Requirements (continued)**

4. Fire Safety	Yes
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	Yes
16. Storage	Yes

**Infants/Toddlers**

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	Yes
20. Sleeping	Yes
21. Activities	Yes

## Nutrition/Food Issues *(continued)*

22. Outdoor Activities Yes

## 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 **No**

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 observation, provider did not have a daily attendance record onsite at the time of the inspection. Provider produced the attendance sheet to CCL via email next day.*

*The Plan of Correction was accepted on July 21, 2018.*

30. Child File Review **No**

37.95.128.1.:*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:*

Deficiency

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

*Based on review of 10 children's records, CCL found 1 child under age two did not have a pediatric health record. See enclosed copy of children's record review.*

*The Plan of Correction was accepted on July 21, 2018.*

31. Medication File *Not Observed*

**Written Records (continued)**

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32. Caregiver File Review	Yes
33. First Aid Requirements	Yes

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**Administrative Records**

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34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes

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