



## 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: *Stepping Stones Preschool*

Provider ID: *PV105222*

Address: *860 N Montana St, Dillon, MT 59725*

Type: *Child Care Center*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Emily Alberi*

Phone: *(406) 925-3475*

Email: *steppingstones406@gmail.com*

Contact: *Emily Alberi*

Phone: *(406) 925-3475*

Email: *steppingstones406@gmail.com*

#### Inspection

Type: *Renewal Inspection*

Date: *09/20/2018*

Time In: *3:24 PM* Time Out: *4:46 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

#### Children/Caregiver Observations

Time: *3:24 PM*

# children: *18*

# under 2: *0*

# caregivers: *3*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

#### Caregivers

*Emily; Jody; Elizabeth*

#### Staff Changes

#### Notes

#### Deficiency Notice (Additional Text)

*As we discussed during my visit, a annual Fire and Health inspection of the facility is required for license renewal. We also discussed two items, smoke detectors and egress window in sleeping rooms, that fall initially under the jurisdiction of the fire marshal. I am noting this information here as a matter of record. Once the Fire and Health inspections have been completed I will review them to determine whether any concerns related to licensing requirements need to be addressed.*

#### Staff Ratios

1. License

Yes

**Building/Fire Requirements**

2. Inside Facility	Yes
3. Equipment	Yes
4. Exiting	Yes
5. Space	Yes

**Outdoor Tour**

6. Play Area	Yes
7. Swimming	N/A

**Program Issues**

8. Supervision	Yes
9. Provider Responsibilities	Yes
10. Activities	Yes
11. Night Care	N/A

**Health Issues**

12. Illness Exclusion	Yes
13. Health Prevention	Yes

**Medication**

14. Administration	Yes
15. Storage	Yes

**Infants/Toddlers**

16. Diapering	N/A
17. Feeding	N/A
18. Bathing	N/A
19. Sleeping	N/A
20. Activities	N/A

**Infants/Toddlers (*continued*)**

21. Outdoor Activities	N/A
22. Special Requirements	N/A

**Transportation**

23. Basic Requirements	N/A
24. Child Passenger Safety	N/A

**Written Records**

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	Yes
28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

**Administrative Records**

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes