



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Katlin Castleton / Home Away From Home* **Provider ID:** *PV106847*
Address: *3223 Paxson St, Butte, MT 59701*
Type: *Group Child Care* **Service Area:** *Butte* **Assigned Worker:** *Michelle Harrington*
Director: *Katlin Marie Castleton* **Phone:** *(406) 565-8912* **Email:** *michelle.harrington@mt.gov*
Contact: *Katlin* **Phone:** *565-8912* **Email:** *michelle.harrington@mt.gov*

Inspection

Type: *Renewal Inspection* **Date:** *02/28/2020* **Time In:** *9:15 AM* **Time Out:** *10:16 AM*
Inspector: *Michelle Harrington* **Phone:** *406-461-2408*

Children/Caregiver Observations

Time: <i>9:15 AM</i>	# children: <i>4</i>	# under 2: <i>3</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

- 1. License Yes

- 2. Overlap N/A

Building/Fire Requirements

- 3. Inside Facility Yes

- 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	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	Yes
24. Meal Frequency	Yes
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 Yes

30. Child File Review **No**

37.95.

140. IMMUNIZATION

1. Before a child may attend a Montana day care facility, that facility must be provided with the documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, varicella, hepatitis B, pneumococcal, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (7):

Deficiency

The intent of this rule was not met:

Based on record review at 9:30 am on 02/28/2020, CCL found that the facility did not have immunization records on file for 2 (Child #2 & #3) out of 10 children. See enclosed copy of children's record review.

Provider has obtained up to date information. CCL approved plan on 4/28/2020.

37.95.

128. DOCUMENTATION OF THE ABSENCE OF UNUSUAL HEALTH RISKS FOR CHILDREN UNDER AGE TWO

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:
 - a. a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or
 - b. a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or
 - c. a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or
 - d. a naturopathic physician licensed under Title 37, chapter 26, MCA

Deficiency

The intent of this rule was not met:

Based on record review at 9:30 am on 2/28/2020, CCL found that the facility did not have a pediatric health record for 2 (Child #1 & #3) children under age two. See enclosed copy of children's record review.

Provider has obtained needed documentation. CCL approved plan on 4/28/2020.

37.95.

141. CHILDREN'S RECORDS

4. Prior to a child being enrolled or entered into a child care facility, the following information, signed by the parent or guardian, must be on file:
 - a. written information on each child explaining any special needs of the child, including allergies;
 - b. a release or authorization of persons allowed to pick up the child;
 - c. necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons; and
 - d. an emergency consent form. This form must accompany staff when children are away from the day care site for activities.
7. The information supplied in (4) must be maintained on forms provided by the department and must be signed by the parent or guardian.

30. Child File Review (continued)	No
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Deficiency

The intent of this rule was not met:

Based on record review at 9:30 am on 2/28/2020, CCL found that the facility was missing an Emergency Contact and Parental Consent form for 1 (Child #3) out of 10 children. See enclosed copy of children's record review.

Provider obtained needed documentation. CCL approved plan of correction on 4/28/2020.

31. Medication File	N/A
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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Administrative Records

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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