



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: Pam R Marquis

Provider ID: PV75662

Address: 360 North Russell Drive, Cascade, MT 59421

Type: Group Child Care

Service Area: Great Falls

Assigned Worker: Jodi Linne

Director: Pam R Marquis

Phone: (406) 468-2543

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: Renewal Inspection

Date: 11/05/2019

Time In: 10:40 AM Time Out: 12:00 PM

Inspector: Jodi Linne

Phone: 406-453-0526

Children/Caregiver Observations

Time: 10:40 AM

children: 6

under 2: 2

caregivers: 1

Time: 11:15 AM

children: 12

under 2: 2

caregivers: 2

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

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

Not Observed

Program Issues

9. Supervision	Yes
10. Provider Responsibilities	Yes
11. Activities	Yes
12. Night Care	Not Observed

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	Not Observed

20. Sleeping	No
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37.95.

1005. INFANT'S AND TODDLERS, SLEEPING

7. All pillows, quilts, comforters, heavy blankets, sheepskins, bumper pads, stuffed toys, and other soft products must be removed from the crib and play pen when an infant is laid down for sleep.
 - a. Blankets of any weight must be removed when infants 12 months of age or under are laid down for sleep.
 - b. Sleep sacks and similar safe sleep clothing may be used if the item does not restrict the infant's arms.
 - c. Infants under 3 months of age may only be swaddled if medical documentation from a health care provider is on file at the facility.
 - d. Infants over 3 months of age must not be swaddled.

Deficiency

The intent of this rule was not met:

Based on observation by CCL on 11/5/19 at approximately 10:45am, child #1, who is 11 months of age; and child #4, who is 9 months of age, were sleeping in cribs, each with a blanket.

Plan of Correction accepted 12/4/19.

Infants/Toddlers (*continued*)

21. Activities Yes

22. Outdoor Activities Not Observed

Nutrition/Food Issues

23. Sanitation Yes

24. Meal Frequency Yes

25. Special Diet Yes

Transportation

26. Basic Requirements Yes

27. Child Passenger Safety Not Observed

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):

a.two. Age at Entry - Number of Doses-Vaccine Type; (*) varies depending on vaccine type used.

- under 2 months old - no vaccinations required
- by 3 months of age - 1 dose of polio vaccine; 1 dose of DTP vaccine; 1 dose of Hib vaccine; 1 dose of Hep B vaccine; 1 dose of PCV vaccine
- by 5 months of age - 2 doses of polio vaccine; 2 doses of DTP vaccine; 2 doses of Hib vaccine; 2 doses of Hep B vaccine; 2 doses of PCV vaccine
- by 7 months of age - 2 doses of polio vaccine; 3 doses of DTP vaccine; *2 or 3 doses of Hib vaccine; 2 doses of Hep B vaccine; 3 doses of PCV vaccine
- by 16 months of age - 2 doses of polio vaccine; 3 doses of DTP vaccine; 1 dose of varicella vaccine; 1 dose of MMR vaccine; *3 or 4 doses of Hib vaccine; 2 doses of Hep B vaccine; *4 doses of PCV vaccine
- by 19 months of age - 1 dose of varicella vaccine; 3 doses of polio vaccine; 4 doses of DTP vaccine; 1 dose of MMR vaccine; *3 or 4 doses of Hib vaccine; 3 doses of Hep B vaccine; *4 doses of PCV vaccine
- by 6 years of age - 3 doses of polio vaccine, one given after the 4th birthday; 4 doses of DTP vaccine, one given after the 4th birthday; 2 doses of varicella vaccine; 2 doses of MMR vaccine; 3 doses of Hep B vaccine
- by 12 years of age - 3 doses of polio vaccine, one given after the 4th birthday; 1 dose of Tdap vaccine; 2 doses of varicella vaccine; 2 doses of MMR vaccine; 3 doses of Hep B vaccine

(*) varies depending on vaccine type used or the ACIP catch-up schedule.

30. Child File Review (continued)

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

Based on record review on 11/5/19 at 11:15am, CCL found that the immunization records for 2 of 12 files were not up-to-date. Based on the age of child #1, verification of 2 doses of DTP, 1 dose of Hep B, 2 doses of Hib, 2 doses of Polio and 3 doses of PCV was missing. Based on the age of children #3, verification of 1 dose of MMR, 1 dose of Varicella, 1 dose of Hep B and 2 doses of DTP was missing. Additionally, the file for child #2 did not have an immunization record on file. See enclosed copy of children's record review.

Plan of Correction accepted 12/4/19.

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.

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

Based on record review on 11/5/19 at 11:15am, CCL found that the Emergency Contact/Consent form did not contain the required information for 2 of 12 files. The form for child #2 did not contain a signature of a parent/guardian and the form for child #3 was not on file. See enclosed copy of children's record review.

Plan of Correction accepted 12/4/19.

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

30. Child File Review (*continued*)**No**Deficiency***The intent of this rule was not met:***

Based on record review on 11/5/19 at 10:15am, CCL found that the facility did not have a Pediatric Health Statement in 1 of 6 files (child #2) reviewed for children under 2 year of age. See enclosed copy of children's record review.

Plan of Correction accepted 12/4/19.

31. Medication File

Yes

32. Caregiver File Review

Yes

33. First Aid Requirements

Yes

Administrative Records

34. License-Certificate

Yes

35. Facility Requirements

Yes

36. Registration/License Process

Yes