



# 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: *Susan Schwindt / Granny's*

Provider ID: *PV84332*

Address: *616 South Sargent, Glendive, MT 59330*

Type: *Group Child Care*

Service Area: *Miles City*

Assigned Worker: *Sharla Jerrel*

Director: *Susan Schwindt*

Phone: *(406) 377-1218*

Email: *sjerrel@mt.gov*

Contact: .

Phone: .

Email: .

### Inspection

Type: *Complaint Investigation*

Date: *09/12/2018*

Time In: *10:45 AM* Time Out: *12:02 PM*

Inspector: *Sharla Jerrel*

Phone: *406-234-4581*

### Children/Caregiver Observations

Time: *10:45 AM*

# children: *4*

# under 2: *4*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Sue, Jennifer*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

*In addition, the facility will receive Training & Technical Assistance (T & TA) in regards to appropriate discipline. This training will be provided by Family Connections. The Professional Development Specialist will contact you to make further arrangements. It is expected that T & TA be completed within the timeframe established during the first meeting.*

### Staff Ratios

1. License

Yes

09/12/2018

1 of 4

## Building/Fire Requirements *(continued)*

2. Overlap Yes

## Building/Fire Requirements

3. Inside Facility Not Observed

4. Fire Safety Not Observed

5. Equipment Not Observed

6. Exiting Not Observed

## Outdoor Tour

7. Play Area Yes

8. Swimming Not Observed

## Program Issues

9. Supervision **No**

37.95.172.:SUPERVISION AT ALL TIMES

Deficiency

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

Based on observation and interview, CCL found that caregivers did not supervise children at all times. Four children were playing in the outside play area without a caregiver present.

THE PLAN OF CORRECTION WAS ACCEPTED ON 10/16/2018.

10. Provider Responsibilities **No**

37.95.715.4.:Providers shall use appropriate forms of discipline.

Deficiency

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

Based on interview, CCL found that spanking was used as a form of discipline.

THE PLAN OF CORRECTION WAS ACCEPTED ON 10/16/2018.

11. Activities Not Observed

12. Night Care Not Observed

## Health Issues

13. Illness Exclusion Not Observed

**Medication (continued)**

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14. Health Prevention	<i>Not Observed</i>
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**Medication**

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15. Administration	<i>Not Observed</i>
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16. Storage	<i>Not Observed</i>
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**Infants/Toddlers**

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17. Diapering	<i>Not Observed</i>
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18. Feeding	<i>Not Observed</i>
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19. Bathing	<i>Not Observed</i>
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20. Sleeping	<i>Not Observed</i>
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21. Activities	<i>Not Observed</i>
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22. Outdoor Activities	<i>Not Observed</i>
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**Nutrition/Food Issues**

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23. Sanitation	<i>Not Observed</i>
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24. Meal Frequency	<i>Not Observed</i>
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25. Special Diet	<i>Not Observed</i>
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**Transportation**

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26. Basic Requirements	<i>Not Observed</i>
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27. Child Passenger Safety	<i>Not Observed</i>
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**Written Records**

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28. Parent Information	<i>Not Observed</i>
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29. Facility Records	<i>Yes</i>
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30. Child File Review	<i>Not Observed</i>
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31. Medication File	<i>Not Observed</i>
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## Written Records *(continued)*

32. Caregiver File Review *Not Observed*

33. First Aid Requirements **No**

37.95.183.6.: *A notation of all injuries must be made on the child's medical record including the date, time of day, nature of the injury, treatment, and whether the parent was notified.*

Deficiency

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

*Based on interview and review of facility records, CCL found that a notation of injuries were not made on the children's medical records.*

*THE PLAN OF CORRECTION WAS ACCEPTED ON 10/16/2018.*

## Administrative Records

34. License-Certificate *Not Observed*

35. Facility Requirements *Not Observed*

36. Registration/License Process *Not Observed*