



Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Susan Bartole

Type: Renewal Inspection **Date:** 06/02/2017 **Time:** 10:00 AM

Director: Susan Bartole

Contact: _____

Licensing Worker: Anna Haire **Phone #:** (406) 444-1954

Time: 10:00 AM # **children:** 4 # **under 2:** 2 # **caregivers:** 1
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

| | |
|-----|------------|
| Yes | 1. License |
| Yes | 2. Overlap |

BUILDING/FIRE REQUIREMENTS

| | |
|-----|--|
| No | <p>3. Inside Facility</p> <p>37.95.121(1) (1) Cleaning materials, flammable liquids, detergents, aerosol cans, and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children. The intent of this rule was not met:</p> <p>Based on observation and interview, CCL found there were cleaning products stored under the kitchen sink. Both cabinet doors had child safety latches, however the latch on the left side did not work and products could be accessible to children.</p> <p>The Plan of Correction was accepted on 6-16-17.</p> |
| Yes | 4. Fire Safety |
| Yes | 5. Equipment |
| Yes | 6. Exiting |

OUTDOOR TOUR

| | |
|-----|--------------|
| Yes | 7. Play Area |
| Yes | 8. Swimming |

PROGRAM ISSUES

| | |
|-----|-------------------------------|
| Yes | 9. Supervision |
| Yes | 10. Provider Responsibilities |
| Yes | 11. Activities |
| N/A | 12. Night Care |

HEALTH ISSUES

| | |
|-----|--|
| Yes | 13. Illness Exclusion |
| No | <p>14. Health Prevention</p> <p>37.95.183(2)(a-g) (2) A first aid kit must be kept on site at all times and must at a minimum contain : (a) Unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician); (b) Sterile, absorbent bandages; (c) A cold pack; (d) Tape and a variety of band-aids; (e) Tweezers and scissors; (f) The toll free number for the Emergency Montana Poison Control Center, 1(800) 222-1222; (g) Disposable single use gloves.</p> |

HEALTH ISSUES

The intent of this rule was not met:

Based on review of first aid kit, CCL found that the kit did not contain the following items: tape and the poison control number.

The Plan of Correction was accepted on 6-16-17.

MEDICATION

| | |
|-----|--------------------|
| Yes | 15. Administration |
| Yes | 16. Storage |

INFANTS/TODDLERS

| | |
|--------------|------------------------|
| Yes | 17. Diapering |
| Not Observed | 18. Feeding |
| Not Observed | 19. Bathing |
| Not Observed | 20. Sleeping |
| Not Observed | 21. Activities |
| Not Observed | 22. Outdoor Activities |

NUTRITION/FOOD ISSUES

| | |
|-----|--------------------|
| N/A | 23. Sanitation |
| N/A | 24. Meal Frequency |
| N/A | 25. Special Diet |

TRANSPORTATION

| | |
|-----|----------------------------|
| N/A | 26. Basic Requirements |
| N/A | 27. Child Passenger Safety |

WRITTEN RECORDS

| | |
|-----|---|
| Yes | 28. Parent Information |
| Yes | 29. Facility Records |
| No | <p>30. Child File Review</p> <p>37.95.128(1)(a-d)</p> <p>(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:</p> <p>(a) A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or</p> <p>(b) A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or</p> |

WRITTEN RECORDS

(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.

The intent of this rule was not met:

Based on record review, CCL found that child #2, 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 6-16-17.

37.95.141(5)(a-d)

(5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file:

(c) necessary medical forms, including all medication authorization and administration logs, signed and **UPDATED** immunization records and the names of emergency contact persons; and

The intent of this rule was not met:

Based on record review, CCL found that children #1 and #3 need updates to their immunization records. See enclosed copy of children's record review.

The Plan of Correction was accepted on 6-16-17.

| | |
|--------------|----------------------------|
| Yes | 31. Medication File |
| Not Observed | 32. Caregiver File Review |
| Yes | 33. First Aid Requirements |

ADMINISTRATIVE RECORDS

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