



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: *Tammy Peters / Country Bumpkins*

Provider ID: *PV76345*

Address: *3 Norris Ave, Anaconda, MT 59711*

Type: *Group Child Care*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Tammy Peters*

Phone: *(406) 560-2094*

Email:

Tammy2017Peters@hotmail.com

Contact: *Tammy Peters*

Phone: *(406) 560-2094*

Email:

Tammy2017Peters@hotmail.com

Inspection

Type: *Renewal Inspection*

Date: *01/14/2019*

Time In: *2:20 PM* **Time Out:** *3:20 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

Children/Caregiver Observations

Time: *2:20 PM*

children: *7*

under 2: *2*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

Outdoor Tour

7. Play Area

Yes

Outdoor Tour *(continued)*

8. Swimming N/A

Program Issues

9. Supervision Yes

10. Provider Responsibilities Yes

11. Activities Yes

12. Night Care Yes

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 Yes

20. Sleeping Yes

21. Activities Yes

22. Outdoor Activities Yes

Nutrition/Food Issues

23. Sanitation Yes

24. Meal Frequency Yes

25. Special Diet Yes

Transportation

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

Written Records

28. Parent Information	Yes
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29. Facility Records	No
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37.95.

708.5. When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.

Deficiency

The intent of this rule was not met:

Based on interview, CCL found that provider has not had well water tested.

Water sample was submitted for testing and results sent to Licensor. Plan Of Correction accepted 02/04/2019..

30. Child File Review	Yes
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31. Medication File	Yes
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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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