



SURVEY TOOL

Facility

Name: <i>Tammy Peters / Country Bumpkins</i>		Provider ID: <i>PV76345</i>
Address: <i>3 Norris Ave, Anaconda, MT 59711</i>		
Type: <i>Group Child Care</i>	Service Area: <i>Butte</i>	Assigned Worker: <i>Michelle Harrington</i>
Director: <i>Tammy Peters</i>	Phone: <i>(406) 560-2094</i>	Email: <i>michelle.harrington@mt.gov</i>
Contact: <i>Tammy Peters</i>	Phone: <i>560-2094</i>	Email: <i>michelle.harrington@mt.gov</i>

Inspection

Type: <i>Renewal Inspection</i>	Date: <i>01/23/2020</i>	Time In: <i>2:00 PM</i>	Time Out: <i>3:00 PM</i>
Inspector: <i>Michelle Harrington</i>	Phone: <i>406-461-2408</i>		

Children/Caregiver Observations

Time: <i>2:00 PM</i>	# children: <i>9</i>	# under 2: <i>3</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	<i>Yes</i>
2. Overlap	<i>N/A</i>

Building/Fire Requirements

3. Inside Facility	<i>Yes</i>
4. Fire Safety	<i>Yes</i>
5. Equipment	<i>Yes</i>
6. Exiting	<i>Yes</i>

Outdoor Tour

7. Play Area	<i>Yes</i>
8. Swimming	<i>N/A</i>

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	Yes
16. Storage	Yes

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.

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 on 1/23/2020 at 2:00 PM, CCL found that the facility did not have a complete pediatric health record for 2 (#1, and #3) of 3 records reviewed for children under age two. See enclosed copy of children's record review.

Provider has obtained updated information. CCL accepted Plan of Correction 3/3/2020.

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.

Deficiency

The intent of this rule was not met:

Based on record review on 1/23/2020 at 2:15 PM, CCL found that the following information was not maintained on forms provided by the department. An emergency consent form, page 2 with parent signature was not in the file for 1 (#2) of 12 child files reviewed.

Provider has obtained needed information. CCL accepted Plan Of Correction 3/3/2020.

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