



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: *Tomiko Hewitt* **Provider ID:** *PV99930*
Address: *3700 Amber Court, Helena, MT 59602*
Type: *Group Child Care* **Service Area:** *Helena* **Assigned Worker:** *Anna Haire*
Director: *Tomiko Alison Hewitt* **Phone:** *(406) 594-3142* **Email:** *tia1915@live.com*
Contact: *Tomiko and Kelly* **Phone:** *406 594-3142* **Email:** *tia1915@live.com*

Inspection

Type: *KIS* **Date:** *02/22/2019* **Time In:** *9:39 PM* **Time Out:** *11:13 PM*
Inspector: *Anna Haire* **Phone:** *406-444-1954*

Children/Caregiver Observations

| | | | |
|-----------------------------|------------------------------|----------------------------|-------------------------------|
| Time: <i>9:30 AM</i> | # children: <i>11</i> | # under 2: <i>3</i> | # caregivers: <i>2</i> |
| Time: | # children: | # under 2: | # caregivers: |
| Time: | # children: | # under 2: | # caregivers: |

Staff Ratios

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

Building/Fire Requirements

- | | |
|--|-----------|
| 3. Inside Facility 37.95. 708.1. Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels. <u>Deficiency</u> The intent of this rule was not met: <i>Based on observation, CCL found that the facility did not have paper towels in the bathroom.</i> | No |
| 4. Fire Safety | Yes |
| 5. Equipment | Yes |

Outdoor Tour (*continued*)

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|------------|-----|
| 6. Exiting | Yes |
|------------|-----|

Outdoor Tour

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|--------------|-----|
| 7. Play Area | Yes |
|--------------|-----|

Health Issues

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|-----------------------|-----|
| 14. Health Prevention | Yes |
|-----------------------|-----|

Medication

| | |
|-------------|-----|
| 16. Storage | Yes |
|-------------|-----|

Infants/Toddlers

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|---------------|-----|
| 17. Diapering | Yes |
|---------------|-----|

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|--------------|-----|
| 20. Sleeping | Yes |
|--------------|-----|

Written Records

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|------------------------|-----|
| 28. Parent Information | Yes |
|------------------------|-----|

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|----------------------|-----|
| 29. Facility Records | Yes |
|----------------------|-----|

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|-----------------------|-----------|
| 30. Child File Review | No |
|-----------------------|-----------|

37.95.

141.5.c. necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons; and

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that the following information was not on file: updated immunizations for child #1. See enclosed copy of children's record review.

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|---------------------------|-----|
| 32. Caregiver File Review | Yes |
|---------------------------|-----|

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|----------------------------|-----|
| 33. First Aid Requirements | Yes |
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