



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: *Tracie Broere/ Tracie's Place*

Provider ID: *PV76500*

Address: *379 Sierra Rd W, Helena, MT 59602*

Type: *Family Child Care*

Service Area: *Helena*

Assigned Worker: *Gloria Tatchell*

Director: *Tracie Broere*

Phone: *(406) 458-9407*

Email: *traciebroere@msn.com*

Contact: *Tracie Broere*

Phone: *406 458-9407*

Email: *traciebroere@msn.com*

Inspection

Type: *Renewal Inspection*

Date: *09/11/2018*

Time In: *1:45 PM* Time Out: *3:00 PM*

Inspector: *Gloria Tatchell*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *1:45 PM*

children: *6*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Tracie

Staff Changes

No

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements (continued)

5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
8. Swimming	N/A

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	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 the provider could not find her well water test results.

Plan of correction accepted September 26, 2018.

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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