

# 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**

Name: We Care Daycare Provider ID: PV108016

Address: 2035 4th Street E, Malta, MT 59538

Type: Child Care Center Service Area: Harve Assigned Worker: Pamela West

Director: Caitlin R Anderson Phone: (406) 390-1118 Email: .

Contact: Phone: Email: .

Inspection

Type: Pre-inspection Date: 09/05/2018 Time In: 10:00 AM Time Out: 11:15

AM

Inspector: Pam West Phone: 406-262-9790

Children/Caregiver Observations

Time: 1:53 PM # children: . # under 2: . # caregivers: .

Time: # children: # under 2: # caregivers:

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Caregivers

## Staff Changes

#### **Notes**

## **Deficiency Notice (Additional Text)**

Upon return and approval of the plan of correction a provisional license will be issued. As discussed, please submit the follow- up inspection report from Darrell Aaby, building inspector, by the end of the provisional time period. Also, be sure to document all fire watch walk throughs that are required prior to building requirements being met.

## **Building/Fire Requirements**

2. Inside Facility Yes

3. Equipment Yes

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## Building/Fire Requirements (continued)

5. Space Yes

## **Outdoor Tour**

6. Play Area

37.95.610.7.:Outdoor play areas at the facility must be surrounded by a fence that is at least four feet high and in good repair without any holes or spaces greater than four inches in diameter. Outdoor areas must be designed so that all parts are always visible to allow for direct supervision by child care staff.

### **Deficiency**

#### The intent of this rule was not met:

Based on observation, CCL found that the outdoor play area was not designed so that all parts are visible.

This plan of correction was accepted on September 10, 2018.

## Health Issues

13. Health Prevention No

37.95.183.2.: A first aid kit must be kept on site at all times and must at a minimum contain:

37.95.183.2.f.: the toll free number for the Emergency Montana Poison Control Center, 1(800) 222-1222;

#### Deficiency

#### 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: phone number for the Montana Poison Control Center.

This was corrected immediately during the inspection.

## Infants/Toddlers

16. Diapering	Yes
19. Sleeping	Yes
21. Outdoor Activities	Yes
22. Special Requirements	Yes

## Written Records

25. Parent Information Yes

No

30. First Aid Requirements

37.95.183.1.: Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:

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## 30. First Aid Requirements (continued)

No

## **Deficiency**

## The intent of this rule was not met:

Based on interview, CCL found that the provider did not have written policies for first aid consistent with recommendations from the American Red Cross that includes the following information: procedures for handling medical emergencies, including calling the Montana Poison Control Center, directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.

This plan of correction was accepted on September 10, 2018.

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