



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: *Yashley James-Espinal*

Provider ID: *PV107824*

Address: *1960 S. 14th st W, Missoula, MT 59801*

Type: *Group Child Care*

Service Area: *Missoula*

Assigned Worker: *Diana Lamers*

Director: *Yashley James-Espinal*

Phone: *(406) 218-1692*

Email: *dlamers@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *Renewal Inspection*

Date: *10/04/2018*

Time In: *12:10 PM* Time Out: *1:20 PM*

Inspector: *Diana Lamers*

Phone: *406-300-7392*

Children/Caregiver Observations

Time: *12:10 PM*

children: *11*

under 2: *4*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Yashley & Azur

Staff Changes

Notes

Deficiency Notice (Additional Text)

Please return your completed Plan of Correction to me at: 121 Financial Drive, Suite B, Kalispell, MT 59901; Fax: 406-300-7398; or Email: dlamers@mt.gov (<mailto:dlamers@mt.gov>).

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

10/04/2018

1 of 3

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	Not Observed
24. Meal Frequency	Yes
25. Special Diet	Not Observed

Transportation

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

Written Records

28. Parent Information	Yes
29. Facility Records	No
<p>37.95.141.2.:<i>The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.</i></p> <p><u>Deficiency</u></p> <p><i>The intent of this rule was not met:</i> <i>Based on observation and interview, CCL found that the provider did not have a master list. The Plan of Correction was accepted on November 26, 2018.</i></p>	
30. Child File Review	Yes
31. Medication File	Not Observed
32. Caregiver File Review	Not Observed
33. First Aid Requirements	Yes

Administrative Records

34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes