



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: *Young Parents Education Center*

Provider ID: *PV75752*

Address: *2400 Central Avenue, Great Falls, MT 59401*

Type: *Child Care Center*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Cortney Rivenes*

Phone: *(406) 268-6665*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *Renewal Inspection*

Date: *10/15/2018*

Time In: *1:10 PM* Time Out: *2:30 PM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *1:10 PM*

children: *6*

under 2: *5*

caregivers: *4*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Marilyn, Lauren, Danielle, Alex

Staff Changes

Notes

Deficiency Notice (Additional Text)

As discussed, please make sure your current posted license and phone numbers to the Department are uncovered at all times. Also, please label the binder of the state regulations.

Please submit a complete renewal application directly to me as soon as possible to prevent a delay in the approval process. To remind you, all paperwork for FBI check processing (prints, check, and FBI release) must be submitted directly to Helena not to me

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

10/15/2018

1 of 3

Building/Fire Requirements (continued)

3. Equipment	Yes
4. Exiting	Yes
5. Space	Yes

Outdoor Tour

6. Play Area	Yes
7. Swimming	Yes

Program Issues

8. Supervision	Yes
9. Provider Responsibilities	Yes
10. Activities	Yes
11. Night Care	N/A

Health Issues

12. Illness Exclusion	Yes
13. Health Prevention	Yes

Medication

14. Administration	N/A
15. Storage	Yes

Infants/Toddlers

16. Diapering	Yes
17. Feeding	Yes
18. Bathing	N/A
19. Sleeping	Yes
20. Activities	Yes
21. Outdoor Activities	Yes

Infants/Toddlers (continued)

22. Special Requirements	N/A
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Transportation

23. Basic Requirements	N/A
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24. Child Passenger Safety	N/A
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Written Records

25. Parent Information	Yes
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26. Facility Records	Yes
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27. Child File Review	Yes
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28. Medication File	N/A
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29. Caregiver File Review	Yes
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30. First Aid Requirements	Yes
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Administrative Records

31. License-Certificate	Yes
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32. Facility Requirements	Yes
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33. Registration/License Process	Yes
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