



# 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: Cynthia Winkley / Cindy Lou's Quality CC

Provider ID: PV78976

Address: 3739 Bluebird Rd, East Helena, MT 59635

Type: Family Child Care

Service Area: Helena

Assigned Worker: Gloria Tatchell

Director: Cynthia Winkley

Phone: (406) 202-1172

Email: cindystoybox@gmail.com

Contact: Cynthia Winkley

Phone: 406 202-1172

Email: cindystoybox@gmail.com

### Inspection

Type: Routine Inspection

Date: 08/24/2018

Time In: 1:45 PM Time Out: 2:45 PM

Inspector: Gloria Tatchell

Phone: 406-444-1954

### Children/Caregiver Observations

Time: 1:45 PM

# children: 7

# under 2: 0

# caregivers: 1

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

Cynthia

### Staff Changes

### Notes

I measured the living room: 13.5 x 17 feet =229.5

Dining area: 42 square feet. Total is 271.5 or 7.75 children.

I asked Cindy to move the large Cat Scratch furniture, and she would have enough space for 6 children and 2 overlap. She submitted an overlap form with her renewal, but those hours are not the hours she currently needs so she will submit another form.

### Deficiency Notice (Additional Text)

### Staff Ratios

#### 1. License

**No**

37.95.702.4.:Except for approved overlap care, the provider may not provide care for a child if caring for that child would cause the provider to exceed the number of children the provider is registered to care for on the registration certificate.

|                                 |           |
|---------------------------------|-----------|
| 1. License ( <i>continued</i> ) | <b>No</b> |
|---------------------------------|-----------|

Deficiency

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

*Based on observation and interview CCL found that there were seven children in care. Provider is registered as a family facility with no overlap children; therefore there should only be six children in care at any one time.*

*Plan of correction accepted September 4, 2018.*

|            |     |
|------------|-----|
| 2. Overlap | Yes |
|------------|-----|

### Building/Fire Requirements

|                    |     |
|--------------------|-----|
| 3. Inside Facility | Yes |
|--------------------|-----|

|                |     |
|----------------|-----|
| 4. Fire Safety | Yes |
|----------------|-----|

|              |     |
|--------------|-----|
| 5. Equipment | Yes |
|--------------|-----|

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

### Outdoor Tour

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

|             |     |
|-------------|-----|
| 8. Swimming | Yes |
|-------------|-----|

### Program Issues

|                |     |
|----------------|-----|
| 9. Supervision | Yes |
|----------------|-----|

|                               |     |
|-------------------------------|-----|
| 10. Provider Responsibilities | Yes |
|-------------------------------|-----|

|                |     |
|----------------|-----|
| 11. Activities | Yes |
|----------------|-----|

|                |     |
|----------------|-----|
| 12. Night Care | N/A |
|----------------|-----|

### Health Issues

|                       |                     |
|-----------------------|---------------------|
| 13. Illness Exclusion | <i>Not Observed</i> |
|-----------------------|---------------------|

|                       |                     |
|-----------------------|---------------------|
| 14. Health Prevention | <i>Not Observed</i> |
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### Medication

|                    |                     |
|--------------------|---------------------|
| 15. Administration | <i>Not Observed</i> |
|--------------------|---------------------|

**Infants/Toddlers (continued)**

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|             |                     |
|-------------|---------------------|
| 16. Storage | <i>Not Observed</i> |
|-------------|---------------------|

**Infants/Toddlers**

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|               |            |
|---------------|------------|
| 17. Diapering | <i>N/A</i> |
|---------------|------------|

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|             |            |
|-------------|------------|
| 18. Feeding | <i>N/A</i> |
|-------------|------------|

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|             |            |
|-------------|------------|
| 19. Bathing | <i>N/A</i> |
|-------------|------------|

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|              |            |
|--------------|------------|
| 20. Sleeping | <i>N/A</i> |
|--------------|------------|

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|----------------|------------|
| 21. Activities | <i>N/A</i> |
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|------------------------|------------|
| 22. Outdoor Activities | <i>N/A</i> |
|------------------------|------------|

**Nutrition/Food Issues**

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|                |                     |
|----------------|---------------------|
| 23. Sanitation | <i>Not Observed</i> |
|----------------|---------------------|

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|                    |                     |
|--------------------|---------------------|
| 24. Meal Frequency | <i>Not Observed</i> |
|--------------------|---------------------|

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|                  |                     |
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| 25. Special Diet | <i>Not Observed</i> |
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**Transportation**

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|                        |                     |
|------------------------|---------------------|
| 26. Basic Requirements | <i>Not Observed</i> |
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|----------------------------|---------------------|
| 27. Child Passenger Safety | <i>Not Observed</i> |
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**Written Records**

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|                        |                     |
|------------------------|---------------------|
| 28. Parent Information | <i>Not Observed</i> |
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|----------------------|---------------------|
| 29. Facility Records | <i>Not Observed</i> |
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|-----------------------|---------------------|
| 30. Child File Review | <i>Not Observed</i> |
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|---------------------|---------------------|
| 31. Medication File | <i>Not Observed</i> |
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|---------------------------|---------------------|
| 32. Caregiver File Review | <i>Not Observed</i> |
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|----------------------------|---------------------|
| 33. First Aid Requirements | <i>Not Observed</i> |
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**Administrative Records**

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|                         |                     |
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| 34. License-Certificate | <i>Not Observed</i> |
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**Administrative Records (*continued*)**

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35. Facility Requirements

*Not Observed*

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36. Registration/License Process

*Not Observed*