



# 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: *Vandie Buckingham / Lil' Buckaroos*

Provider ID: *PV90329*

Address: *12 N. Strevell, Miles City, MT 59301*

Type: *Group Child Care*

Service Area: *Miles City*

Assigned Worker: *Sharla Jerrel*

Director: *Vandie R. Buckingham*

Phone: *(406) 234-1478*

Email: *sjerrel@mt.gov*

Contact: .

Phone: .

Email: .

### Inspection

Type: *KIS*

Date: *08/23/2018*

Time In: *10:55 AM* Time Out: *11:46 AM*

Inspector: *Sharla Jerrel*

Phone: *406-234-4581*

### Children/Caregiver Observations

Time: *10:55 PM*

# children: *12*

# under 2: *3*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Vandie, Dawn*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

### Building/Fire Requirements *(continued)*

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

### Outdoor Tour

7. Play Area	Yes
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### Health Issues

14. Health Prevention	Yes
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### Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

### Written Records

28. Parent Information	Yes
29. Facility Records	<b>No</b>

37.95.141.2.: *The facility shall have a master list of the name, address, and phone number of all children in their care and their parents.*

Deficiency

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

*Based on review of facility records, CCL found that the provider did not have a master list available at the time of inspection.*

*THE PLAN OF CORRECTION WAS ACCEPTED ON 9/17/2018.*

30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes