



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: *Brytne Najar / Growing Minds Childcare*

Provider ID: *PV107014*

Address: *320 Viceroy Street, Billings, MT 59101*

Type: *Family Child Care*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Brytne Marie Najar*

Phone: *(406) 861-8308*

Email: *mz.najar@gmail.com*

Contact: *Brytne*

Phone: *861-8308*

Email: *mz.najar@gmail.com*

Inspection

Type: *Pre-inspection*

Date: *09/04/2018*

Time In: *1:33 PM* Time Out: *2:26 PM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *1:34 PM*

children: *0*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Brytne

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

Building/Fire Requirements (continued)

6. Exiting Yes

Outdoor Tour

7. Play Area Yes

Health Issues

14. Health Prevention Yes

Medication

16. Storage Yes

Infants/Toddlers

17. Diapering Yes

20. Sleeping Yes

Written Records

28. Parent Information Yes

29. Facility Records Yes

31. Medication File Yes

33. First Aid Requirements Yes