



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: *Corrine McDonald*

Provider ID: *PV99358*

Address: *3024 Solar Blvd, Billings, MT 59102*

Type: *Family Child Care*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Corrine McDonald*

Phone: *(406) 655-0001*

Email: *corrinemcd67@gmail.com*

Contact: *Corrine*

Phone: *655-0001*

Email: *corrinemcd67@gmail.com*

Inspection

Type: *KIS*

Date: *08/07/2018*

Time In: *2:19 PM* Time Out: *3:30 PM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *2:14 PM*

children: *3*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Corrine

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements (continued)

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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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes
