



# 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: Sue Davis Sherman

Provider ID: PV80231

Address: 925 Harvard Ave, Billings, MT 59102

Type: Family Child Care

Service Area: Billings

Assigned Worker: Holly Carr

Director: Sue Davis Sherman

Phone: (406) 254-2245

Email: suedsherman@gmail.com

Contact: Sue

Phone: 406-254-2254

Email: suedsherman@gmail.com

### Inspection

Type: Renewal Inspection

Date: 01/25/2019

Time In: 8:13 AM Time Out: 9:45 AM

Inspector: Holly Carr

Phone: 406-655-7633

### Children/Caregiver Observations

Time: 8:19 AM

# children: 1

# under 2: 0

# caregivers: 1

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

Yes

2. Overlap

N/A

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

### Outdoor Tour

7. Play Area

Yes

**Program Issues (continued)**

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8. Swimming	N/A
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**Program Issues**

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9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	N/A
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**Health Issues**

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13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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**Medication**

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15. Administration	N/A
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16. Storage	N/A
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**Infants/Toddlers**

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17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	N/A
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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**Nutrition/Food Issues**

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23. Sanitation	Yes
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24. Meal Frequency	Yes
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25. Special Diet	N/A
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## Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

## Written Records

28. Parent Information	<b>No</b>
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37.95.

715.1. A written plan of daily activities and routines, in addition to free play, must be established. The plan must be flexible to accommodate the ages and needs of individual children and the group as a whole. It must be designed with intervals of stimulation and relaxation, and a balance between periods of active play and quiet play or rest.

Deficiency

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

*Based on observation and interview, CCL found that provider did not have a written plan of daily activities posted.*

29. Facility Records	<b>No</b>
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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 observation and interview, CCL found that the provider did not have a master list with the children's names and parent contact information.*

30. Child File Review	<b>No</b>
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37.95.

140.1. Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9):

Deficiency

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

*Based on record review, CCL found that there were 2 children that did not have immunizations on file, Lex and Ari*

31. Medication File	N/A
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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## Administrative Records

34. License-Certificate	Yes
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Administrative Records *(continued)*

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35. Facility Requirements	Yes
36. Registration/License Process	Yes

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