



# Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

## 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:** 406-254-2245

**Email:** suedsherman@gmail.com

### Inspection

**Type:** Renewal Inspection

**Date:** 01/31/2020

**Time In:** 10:29 AM **Time Out:** 11:04 AM

**Inspector:** Holly Carr

**Phone:** 406-655-7633

### Children/Caregiver Observations

**Time:** 10:29 AM

**# children:** 2

**# 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

8. Swimming

N/A

**Program Issues**

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

**Health Issues**

13. Illness Exclusion	Yes
14. Health Prevention	Yes

**Medication**

15. Administration	N/A
16. Storage	N/A

**Infants/Toddlers**

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

**Nutrition/Food Issues**

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

**Transportation**

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

## Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
31. Medication File	N/A
32. Caregiver File Review	<b>No</b>
37.95.	
160. STAFF RECORDS	
1. The director must maintain records regarding each staff member, according to their role type, which include:	
a. verification of CPR and first aid training;	
b. a copy of the release of information for background checks;	
c. health statement and contact information; and	
d. immunization records that establish compliance with ARM 37.95.184	

### Deficiency

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

*Based on review of staff paperwork, CCL found that the provider did not have the following information on each caregiver:*

- a. verification of CPR and first aid training;*
- b. a copy of the release of information for background checks;*
- c. health statement and contact information; and*
- d. immunization records that establish compliance with ARM 37.95.184*

33. First Aid Requirements	Yes
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## Administrative Records

34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes