



## SURVEY TOOL

### Facility

Name: *Amanda Camposan / Bright Imaginations*

Provider ID: *PV106843*

Address: *3414 Winchell Lane, Billings, MT 59102*

Type: *Group Child Care*

Service Area: *Billings*

Assigned Worker: *Holly Carr*

Director: *Amanda Jean Camposan*

Phone: *(406) 647-2562*

Email: *amandacamposan@yahoo.com*

Contact: *Amanda*

Phone: *4066472562*

Email: *amandacamposan@yahoo.com*

### Inspection

Type: *KIS*

Date: *02/21/2020*

Time In: *11:21 AM* Time Out: *12:05 PM*

Inspector: *Holly Carr*

Phone: *406-655-7633*

### Children/Caregiver Observations

Time: *11:22 AM*

# children: *10*

# under 2: *4*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

Yes

2. Overlap

Not Observed

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

### Outdoor Tour

7. Play Area

Yes

**Health Issues**

14. Health Prevention	Yes
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**Infants/Toddlers**

17. Diapering	Yes
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20. Sleeping	Yes
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**Written Records**

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