



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: *Amanda M Harmala/Briar Patch Kids* **Provider ID:** *PV107806*
Address: *754 Briar Place, Billings, MT 59102*
Type: *Group Child Care* **Service Area:** *Billings* **Assigned Worker:** *Holly Carr*
Director: *Amanda M Harmala* **Phone:** *(406) 696-7064* **Email:** *briarpatchkids2017@gmail.com*
Contact: *Amanda* **Phone:** *406-696-7064* **Email:** *briarpatchkids2017@gmail.com*

Inspection

Type: *Renewal Inspection* **Date:** *02/10/2020* **Time In:** *9:56 AM* **Time Out:** *10:40 AM*
Inspector: *Holly Carr* **Phone:** *406-655-7633*

Children/Caregiver Observations

Time: <i>9:56 AM</i>	# children: <i>4</i>	# under 2: <i>4</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

- 1. License Yes

- 2. Overlap Yes

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	Yes
33. First Aid Requirements	Yes

Administrative Records

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