



SURVEY TOOL

Facility

Name: <i>Ashlee A Bohlman / Natural Discoveries</i>		Provider ID: <i>PV108642</i>
Address: <i>3406 Winchell Ln, Billings, MT 59102</i>		
Type: <i>Family Child Care</i>	Service Area: <i>Billings</i>	Assigned Worker: <i>Holly Carr</i>
Director: <i>Ashlee A Bohlman</i>	Phone: <i>(406) 672-2985</i>	Email: <i>ashlee.bermes@gmail.com</i>
Contact: <i>Ashlee</i>	Phone: <i>4066722985</i>	Email: <i>ashlee.bermees@gmail.com</i>

Inspection

Type: <i>Initial-New Inspection</i>	Date: <i>02/21/2020</i>	Time In: <i>10:21 AM</i> Time Out: <i>11:15 AM</i>
Inspector: <i>Holly Carr</i>	Phone: <i>406-655-7633</i>	

Children/Caregiver Observations

Time: <i>10:37 AM</i>	# children: <i>4</i>	# under 2: <i>1</i>	# caregivers: <i>1</i>
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	Yes
33. First Aid Requirements	Yes

Administrative Records

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