



# 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: *Brandy Dill / B's Childcare*

Provider ID: *PV107064*

Address: *873 Garnet, Billings, MT 59105*

Type: *Group Child Care*

Service Area: *Billings*

Assigned Worker: *Sharla Jerrel*

Director: *Brandy Shawn Dill*

Phone: *(970) 629-2316*

Email: *bsdill@outlook.com*

Contact: *Brandy*

Phone: *smae*

Email: *same*

### Inspection

Type: *KIS*

Date: *07/18/2018*

Time In: *10:15 AM* Time Out: *10:46 AM*

Inspector: *Sharla Jerrel*

Phone: *406-234-4581*

### Children/Caregiver Observations

Time: *10:16 AM*

# children: *10*

# under 2: *1*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Brandy, Caidyn*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

### Building/Fire Requirements *(continued)*

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

### Outdoor Tour

7. Play Area	Yes
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### Health Issues

14. Health Prevention	Yes
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### Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

### Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	<b>No</b>

37.95.141.5.:*Prior to a child being enrolled or entered into a day care facility, the following information must be on file:*

Deficiency

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

*Based on record review, CCL found that the following information was not on file: parent signature on an emergency consent form.*

*The plan of correction was accepted on 07/24/2018.*

32. Caregiver File Review	Yes
33. First Aid Requirements	Yes