



SURVEY TOOL

Facility

Name: <i>Carrie Agnew / Shenanigans Child Care</i>		Provider ID: <i>PV106697</i>
Address: <i>1557 Topanga Ave, Billings, MT 59105</i>		
Type: <i>Family Child Care</i>	Service Area: <i>Billings</i>	Assigned Worker: <i>Holly Carr</i>
Director: <i>Carrie Jean Agnew</i>	Phone: <i>(406) 852-3736</i>	Email: <i>breezy1991_2@yahoo.com</i>
Contact: <i>Carrie</i>	Phone: <i>406-852-3736</i>	Email: <i>breezy1991_2@yahoo.com</i>

Inspection

Type: <i>Renewal Inspection</i>	Date: <i>02/06/2020</i>	Time In: <i>10:38 AM</i> Time Out: <i>11:04 AM</i>
Inspector: <i>Holly Carr</i>	Phone: <i>406-655-7633</i>	

Children/Caregiver Observations

Time: <i>10:38 AM</i>	# children: <i>5</i>	# under 2: <i>3</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	<i>Yes</i>
2. Overlap	<i>N/A</i>

Building/Fire Requirements

3. Inside Facility	<i>Yes</i>
4. Fire Safety	<i>Yes</i>
5. Equipment	<i>Yes</i>
6. Exiting	<i>Yes</i>

Outdoor Tour

7. Play Area	<i>Yes</i>
8. Swimming	<i>N/A</i>

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	Yes

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