



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: *Debbie Turner*

Provider ID: *PV76272*

Address: *948 Governors Blvd, Billings, MT 59105*

Type: *Family Child Care*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Debbie Turner*

Phone: *(406) 248-1293*

Email: *debbie.turner627@gmail.com*

Contact: *Debbie*

Phone: *248-1293*

Email: *debbie.turner@gmail.com*

Inspection

Type: *Renewal Inspection*

Date: *09/26/2018*

Time In: *10:23 AM* Time Out: *11:24 AM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *9:24 AM*

children: *5*

under 2: *3*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Debbie

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

N/A

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements (continued)

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	N/A
19. Bathing	Yes
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