



## SURVEY TOOL

### Facility

<b>Name:</b> <i>Holly Lynn Hamblin/ Itsie Bittsie</i>		<b>Provider ID:</b> <i>PV108096</i>
<b>Address:</b> <i>410 Pine St, Manhattan, MT 59741</i>		
<b>Type:</b> <i>Group Child Care</i>	<b>Service Area:</b> <i>Bozeman</i>	<b>Assigned Worker:</b> <i>Kirsten Geiger</i>
<b>Director:</b> <i>Holly Lynn Hamblin</i>	<b>Phone:</b> <i>(406) 284-9939</i>	<b>Email:</b> <i>hollymtlynn@gmail.com</i>
<b>Contact:</b> <i>Holly</i>	<b>Phone:</b> <i>801-885-6388</i>	<b>Email:</b> <i>hollymtlynn@gmail.com</i>

### Inspection

<b>Type:</b> <i>Renewal Inspection</i>	<b>Date:</b> <i>02/25/2020</i>	<b>Time In:</b> <i>12:35 PM</i> <b>Time Out:</b> <i>1:30 PM</i>
<b>Inspector:</b> <i>Kirsten Geiger</i>	<b>Phone:</b> <i>406-522-2271</i>	

### Children/Caregiver Observations

<b>Time:</b> <i>12:35 PM</i>	<b># children:</b> <i>2</i>	<b># under 2:</b> <i>2</i>	<b># caregivers:</b> <i>1</i>
<b>Time:</b>	<b># children:</b>	<b># under 2:</b>	<b># caregivers:</b>
<b>Time:</b>	<b># children:</b>	<b># under 2:</b>	<b># caregivers:</b>

### Staff Ratios

<b>1. License</b>	<i>Yes</i>
<b>2. Overlap</b>	<i>Not Observed</i>

### Building/Fire Requirements

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

### Outdoor Tour

<b>7. Play Area</b>	<i>Yes</i>
<b>8. Swimming</b>	<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	Yes
16. Storage	Yes

Infants/Toddlers

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	N/A

20. Sleeping	<b>No</b>
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37.95.

1005. INFANT'S AND TODDLERS, SLEEPING

- 7. All pillows, quilts, comforters, heavy blankets, sheepskins, bumper pads, stuffed toys, and other soft products must be removed from the crib and play pen when an infant is laid down for sleep.
  - a. Blankets of any weight must be removed when infants 12 months of age or under are laid down for sleep.

Deficiency

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

*Based on observation on 2/25/20 at 12:40 pm, CCL observed a 2-month old infant napping with a blanket.*

*The Plan of Correction was accepted on February 27, 2020.*

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	Yes
27. Child Passenger Safety	Yes

**Written Records**

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
31. Medication File	Yes
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