



# Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

## SURVEY TOOL

### Facility

Name: *Iris Nentwig / Our Home Childcare*

Provider ID: *PV91633*

Address: *190 Milestone Dr, Belgrade, MT 59714*

Type: *Group Child Care*

Service Area: *Bozeman*

Assigned Worker: *Kirsten Geiger*

Director: *Iris Elaine Nentwig*

Phone: *(406) 388-5530*

Email: *ourhome\_4@hotmail.com*

Contact: *Iris/Brandi*

Phone: *388-5530*

Email: *ourhome\_4@hotmail.com*

### Inspection

Type: *KIS*

Date: *01/29/2020*

Time In: *12:25 PM* Time Out: *1:05 PM*

Inspector: *Kirsten Geiger*

Phone: *406-522-2271*

### Children/Caregiver Observations

Time: *12:25 PM*

# children: *6*

# under 2: *4*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

Yes

2. Overlap

Not Observed

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

### Outdoor Tour

7. Play Area

Yes

**Health Issues**

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14. Health Prevention Yes

**Medication**

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16. Storage Yes

**Infants/Toddlers**

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17. Diapering Yes

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20. Sleeping Yes

**Written Records**

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28. Parent Information Yes

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29. Facility Records Yes

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30. Child File Review Yes

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32. Caregiver File Review Yes

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33. First Aid Requirements Yes