



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: *Jill Smith/ Kids Inc.*

Provider ID: *PV78495*

Address: *3774 King St, East Helena, MT 59635*

Type: *Family Child Care*

Service Area: *Helena*

Assigned Worker: *Gloria Tatchell*

Director: *Jill Smith*

Phone: *(406) 227-8470*

Email: *sk8nnline@aol.com*

Contact: *Jill Smith*

Phone: *406 227-8470*

Email: *sk8nnline@aol.com*

Inspection

Type: *KIS*

Date: *07/24/2018*

Time In: *10:42 PM* Time Out: *11:38 AM*

Inspector: *Gloria Tatchell*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *10:42 AM*

children: *4*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Jill

Staff Changes

none

Notes

emailed letter 7/31/18.

Deficiency Notice (Additional Text)

Staff Ratios

1. License

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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Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes