



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: *Jodi White*

Provider ID: *PV76013*

Address: *2931 Rosebud Dr, Billings, MT 59102*

Type: *Family Child Care*

Service Area: *Billings*

Assigned Worker: *Ryane Holzwarth*

Director: *Jodi White*

Phone: *(406) 855-3840*

Email: *jgt351@outlook.com*

Contact: *same*

Phone: *same*

Email: *same*

Inspection

Type: *KIS*

Date: *01/15/2020*

Time In: *9:25 AM* Time Out: *10:23 AM*

Inspector: *Ryane Holzwarth*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *9:29 AM*

children: *6*

under 2: *3*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Yes

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

14. Health Prevention	Yes
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Infants/Toddlers

17. Diapering	Yes
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20. Sleeping	Yes
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Written Records

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
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