



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: *01/23/2019*

Time In: *11:35 AM* Time Out: *12:20 PM*

Inspector: *Ryane Holzwarth*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *11:35 PM*

children: *5*

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

Infants/Toddlers

17. Diapering Yes

20. Sleeping **No**

37.95.

1005.7. All pillows quilts, comforters, heavy blankets, sheepskins, bumper pads, stuffed toys, and other soft products shall be removed from the crib and play pen.

Deficiency.

The intent of this rule was not met:

Based on observation, CCL found that 7 month old with blanket.

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