



SURVEY TOOL

Facility

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| Name: <i>Linda Atkinson / Tiny Treasures Day Care</i> | | Provider ID: <i>PV78322</i> |
| Address: <i>611 Chinook Pl, Billings, MT 59102</i> | | |
| Type: <i>Group Child Care</i> | Service Area: <i>Billings</i> | Assigned Worker: <i>Ryane Holzwarth</i> |
| Director: <i>Linda Ann Atkinson</i> | Phone: <i>(406) 656-8768</i> | Email: <i>lindaatk30@yahoo.com</i> |
| Contact: <i>same</i> | Phone: <i>same</i> | Email: <i>same</i> |

Inspection

| | | |
|--|-----------------------------------|--|
| Type: <i>Renewal Inspection</i> | Date: <i>01/27/2020</i> | Time In: <i>11:10 AM</i> Time Out: <i>11:55 AM</i> |
| Inspector: <i>Ryane Holzwarth</i> | Phone: <i>406-655-7632</i> | |

Children/Caregiver Observations

| | | | |
|------------------------------|------------------------------|----------------------------|-------------------------------|
| Time: <i>11:10 AM</i> | # children: <i>10</i> | # under 2: <i>2</i> | # caregivers: <i>2</i> |
| 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 |
| 8. Swimming | N/A |

Program Issues

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|-------------------------------|-----|
| 9. Supervision | Yes |
| 10. Provider Responsibilities | Yes |
| 11. Activities | Yes |
| 12. Night Care | N/A |

Health Issues

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|-----------------------|-----|
| 13. Illness Exclusion | Yes |
| 14. Health Prevention | Yes |

Medication

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|--------------------|-----|
| 15. Administration | Yes |
| 16. Storage | N/A |

Infants/Toddlers

| | |
|------------------------|-----|
| 17. Diapering | Yes |
| 18. Feeding | Yes |
| 19. Bathing | N/A |
| 20. Sleeping | Yes |
| 21. Activities | Yes |
| 22. Outdoor Activities | Yes |

Nutrition/Food Issues

| | |
|--------------------|-----|
| 23. Sanitation | Yes |
| 24. Meal Frequency | Yes |
| 25. Special Diet | N/A |

Transportation

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|----------------------------|-----|
| 26. Basic Requirements | N/A |
| 27. Child Passenger Safety | N/A |

Written Records

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|----------------------------|-----|
| 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

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|----------------------------------|-----|
| 34. License-Certificate | Yes |
| 35. Facility Requirements | Yes |
| 36. Registration/License Process | Yes |