



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: *Mini Miracles / Kasie Baker* **Provider ID:** *PV105056*
Address: *2238 MONTANA, Butte, MT 59701*
Type: *Group Child Care* **Service Area:** *Butte* **Assigned Worker:** *Scott Soltis*
Director: *Kassandra Baker* **Phone:** *(406) 565-1596* **Email:** *minimiracles2201@gmail.com*
Contact: *Kasie* **Phone:** *Baker* **Email:** *minimiracles2201@gmail.com*

Inspection

Type: *KIS* **Date:** *04/25/2019* **Time In:** *3:00 PM* **Time Out:** *3:30 PM*
Inspector: *Scott Soltis* **Phone:** *406-444-3074*

Children/Caregiver Observations

Time: <i>3:00 PM</i>	# children: <i>11</i>	# under 2: <i>5</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

Health Issues

14. Health Prevention	Yes
------------------------------	------------

Medication

16. Storage	Yes
--------------------	------------

Infants/Toddlers

17. Diapering	Yes
----------------------	------------

20. Sleeping	Yes
---------------------	------------

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
-----------------------------------	------------