



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: *Rhiannon Shook / A Place to Grow*

Provider ID: *PV93884*

Address: *1704 Driftwood Dr., Bozeman, MT 59715*

Type: *Group Child Care*

Service Area: *Bozeman*

Assigned Worker: *Kirsten Geiger*

Director: *Rhiannon Shook*

Phone: *(406) 587-2262*

Email: *rhiannonjl@yahoo.com*

Contact: *Rhiannon*

Phone: *587-2262*

Email: *rhiannonjl@yahoo.com*

Inspection

Type: *KIS*

Date: *04/18/2019*

Time In: *10:55 AM* **Time Out:** *12:00 PM*

Inspector: *Kirsten Geiger*

Phone: *406-522-2271*

Children/Caregiver Observations

Time: *11:10 AM*

children: *8*

under 2: *4*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

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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Medication

16. Storage	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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