

## 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: Sharon Richardson Provider ID: PV75833

Address: 329 7th Ave, Havre, MT 59501

Type: Family Child Care Service Area: Harve Assigned Worker: Pamela West

Director: Sharon Richardson Phone: (406) 265-6502 Email: .

Contact: Phone: Fmail:

Inspection

Type: Complaint Investigation Date: 04/24/2019 Time In: 9:00 AM Time Out: 9:20 AM

Inspector: Pam West Phone: 406-262-9790

Children/Caregiver Observations

Time: 9:20 AM # children: 2 # under 2: 2 # caregivers: 1

Time: # children: # under 2: # caregivers:

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Staff Ratios

1. License Yes

2. Overlap Not Observed

**Building/Fire Requirements** 

3. Inside Facility Not Observed

4. Fire Safety Not Observed

5. Equipment Not Observed

6. Exiting Not Observed

**Outdoor Tour** 

7. Play Area Not Observed

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Program Issues (continued)	
8. Swimming	Not Observed
Program Issues	
9. Supervision	Yes
10. Provider Responsibilities	Not Observed
11. Activities	Yes
12. Night Care	N/A
Health Issues	
13. Illness Exclusion	Not Observed
14. Health Prevention	Not Observed
Medication	
15. Administration	Not Observed
16. Storage	Not Observed
Infants/Toddlers	
17. Diapering	Not Observed
18. Feeding	Not Observed
19. Bathing	Not Observed
20. Sleeping	Not Observed
21. Activities	Yes
22. Outdoor Activities	Not Observed
Nutrition/Food Issues	
23. Sanitation	Not Observed
24. Meal Frequency	Not Observed
25. Special Diet	Not Observed

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Transportation	
26. Basic Requirements	N/A
27. Child Passenger Safety	N/A
Written Records	
28. Parent Information	Not Observed
29. Facility Records	Yes
30. Child File Review	Not Observed
31. Medication File	Not Observed
32. Caregiver File Review	N/A
33. First Aid Requirements	Not Observed
Administrative Records	
34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes

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