



# Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

## SURVEY TOOL

### Facility

Name: *Sheryl Hutzenbiler*

Provider ID: *PV91970*

Address: *2224 Hwy 87E #23, Billings, MT 59101*

Type: *Group Child Care*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *Sheryl L Hutzenbiler*

Phone: *(406) 371-5429*

Email: *mtmunchkinland@gmail.com*

Contact: *Sheryl*

Phone: *4063715429*

Email: *mtmunchkinland@gmail.com*

### Inspection

Type: *KIS*

Date: *08/15/2018*

Time In: *9:21 PM* Time Out: *10:16 PM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

### Children/Caregiver Observations

Time: *9:17 PM*

# children: *10*

# under 2: *2*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Sheryl, Amber*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

**Building/Fire Requirements (continued)**

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

**Outdoor Tour**

7. Play Area	Yes
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**Health Issues**

14. Health Prevention	Yes
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**Medication**

16. Storage	Yes
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**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