



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: *Shirley's Place/America's Future LLC*

Provider ID: *PV107118*

Address: *1134 North 30th St, Billings, MT 59101*

Type: *Child Care Center*

Service Area: *Billings*

Assigned Worker: *Cora Helm*

Director: *K Brodock/Shawna Williams*

Phone: Phone: *shawna@afbkids.com*

Contact: *Heather*

Phone: *969-4211*

Email: *shawna@afbkids.com*

Inspection

Type: *KIS*

Date: *09/18/2018*

Time In: *8:56 AM* Time Out: *11:59 AM*

Inspector: *Cora Helm*

Phone: *406-655-7632*

Children/Caregiver Observations

Time: *8:58 AM*

children: *29*

under 2: *14*

caregivers: *10*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Heather, Mckayla, Julie, Lacy, Kirstin, Bridgette, Hanna, Josie, Cisilee, Heather

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

Outdoor Tour (continued)

| | |
|--------------|-----|
| 3. Equipment | Yes |
|--------------|-----|

Outdoor Tour

| | |
|--------------|-----|
| 6. Play Area | Yes |
|--------------|-----|

Infants/Toddlers

| | |
|--------------|-----|
| 19. Sleeping | Yes |
|--------------|-----|

Written Records

| | |
|------------------------|-----|
| 25. Parent Information | Yes |
|------------------------|-----|

| | |
|----------------------|-----|
| 26. Facility Records | Yes |
|----------------------|-----|

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|-----------------------|-----|
| 27. Child File Review | Yes |
|-----------------------|-----|

| | |
|---------------------------|-----|
| 29. Caregiver File Review | Yes |
|---------------------------|-----|