



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: *Stephanie Berry / Little Berry's Childca* **Provider ID:** *PV108596*
Address: *1080 Strawberry Ave, Billings, MT 59105*
Type: *Group Child Care* **Service Area:** *Billings* **Assigned Worker:** *Holly Carr*
Director: *Stephanie Ann Berry* **Phone:** *(406) 208-9792* **Email:** *stephaniehazen@gmail.com*
Contact: *Stephanie* **Phone:** *406-208-9792* **Email:** *stephaniehazen@gmail.com*

Inspection

Type: *Initial-New Inspection* **Date:** *12/19/2019* **Time In:** *3:00 PM* **Time Out:** *3:35 PM*
Inspector: *Holly Carr* **Phone:** *406-655-7633*

Children/Caregiver Observations

Time: <i>3:00 PM</i>	# children: <i>7</i>	# under 2: <i>2</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	Yes
2. Overlap	N/A

Building/Fire Requirements

3. Inside Facility	Yes
4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
8. Swimming	N/A

Program Issues

9. Supervision	Yes
10. Provider Responsibilities	Yes
11. Activities	Yes
12. Night Care	N/A

Health Issues

13. Illness Exclusion	Yes
14. Health Prevention	Yes

Medication

15. Administration	N/A
16. Storage	N/A

Infants/Toddlers

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	N/A
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes

Nutrition/Food Issues

23. Sanitation	Yes
24. Meal Frequency	Yes
25. Special Diet	Yes

Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

Written Records

28. Parent Information Yes

29. Facility Records Yes

30. Child File Review Yes

31. Medication File Yes

32. Caregiver File Review **No**

37.95.

160. STAFF RECORDS

1. The director must maintain records regarding each staff member, according to their role type, which include:
 - a. verification of CPR and first aid training;
 - b. a copy of the release of information for background checks;
 - c. health statement and contact information; and
 - d. immunization records that establish compliance with ARM 37.95.184

Deficiency

The intent of this rule was not met:

Based on review of staff paperwork, CCL found that the provider did not have the following information on each caregiver: results of a criminal and protective services background check, a personal statement of health or a release of information form.

33. First Aid Requirements Yes

Administrative Records

34. License-Certificate Yes

35. Facility Requirements Yes

36. Registration/License Process Yes