



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: *Tammi Russell*

Provider ID: *PV88921*

Address: *38 Burlington, Billings, MT 59101*

Type: *Group Child Care*

Service Area: *Billings*

Assigned Worker: *Holly Carr*

Director: *Tammi Russell / Brenda Royer*

Phone: *(406) 245-4192*

Email: *rdrtar@aol.com*

Contact: *Tammi*

Phone: *4062454192*

Email: *rdrtar@aol.com*

Inspection

Type: *Renewal Inspection*

Date: *11/28/2018*

Time In: *12:22 PM* Time Out: *1:15 PM*

Inspector: *Holly Carr*

Phone: *406-655-7633*

Children/Caregiver Observations

Time: *12:24 PM*

children: *5*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Tamara

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

11/28/2018

1 of 3

Building/Fire Requirements *(continued)*

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	N/A
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	N/A

Transportation

26. Basic Requirements	Yes
27. Child Passenger Safety	Yes

Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
31. Medication File	N/A
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes

Administrative Records

34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes