



# 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: *Young Families 2*

Provider ID: *PV108030*

Address: *2802 13th Street West, Billings, MT 59102*

Type: *Child Care Center*

Service Area: *Billings*

Assigned Worker: *Holly Carr*

Director: *Karen Moses/Quinn Curry*

Phone: *(406) 259-2007*

Email:

*quinn@billingsearlyheadstart.org*

Contact: *Quinn*

Phone: *406-259-2007*

Email:

*quinn@billingsearlyheadstart.org*

### Inspection

Type: *Initial-New Center Inspection* Date: *11/29/2018*

Time In: *9:51 AM* Time Out: *10:15 AM*

Inspector: *Holly Carr*

Phone: *406-655-7633*

### Children/Caregiver Observations

Time: *9:50 AM*

# children: *13*

# under 2: *0*

# caregivers: *2*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Sisel and Carrie*

### Staff Changes

### Notes

*please complete the over the counter/non ingestible medication forms for each child and place in their file. Make sure all emergency consent/contact forms have the physician or medical provider and the contact number for the physician or medical provider. Place a master list of children's names and emergency contact numbers for parents in the non-fire emergency disaster kit.*

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

### Building/Fire Requirements

2. Inside Facility	Yes
3. Equipment	Yes
4. Exiting	Yes
5. Space	Yes

### Outdoor Tour

6. Play Area	Yes
7. Swimming	N/A

### Program Issues

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

### Health Issues

12. Illness Exclusion	Yes
13. Health Prevention	Yes

### Medication

14. Administration	N/A
15. Storage	N/A

### Infants/Toddlers

16. Diapering	N/A
17. Feeding	Yes
18. Bathing	N/A
19. Sleeping	Yes
20. Activities	Yes

**Infants/Toddlers (continued)**

21. Outdoor Activities	Yes
22. Special Requirements	Yes

**Transportation**

23. Basic Requirements	N/A
24. Child Passenger Safety	N/A

**Written Records**

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	Yes
28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

**Administrative Records**

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes