



# 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: *King's Kids*

Provider ID: *PV82606*

Address: *300 Holmes Ave, Butte, MT 59701*

Type: *Child Care Center*

Service Area: *Butte*

Assigned Worker: *Scott Soltis*

Director: *Melissa Okrusch*

Phone: *(406) 494-0604*

Email: *kingskids0604@gmail.com*

Contact: *Melissa Okrusch*

Phone: *(406) 494-0604*

Email: *kingskids0604@gmail.com*

### Inspection

Type: *Renewal Inspection*

Date: *10/05/2018*

Time In: *12:53 PM* Time Out: *2:52 PM*

Inspector: *Scott Soltis*

Phone: *406-444-3074*

### Children/Caregiver Observations

Time: *12:53 PM*

# children: *68*

# under 2: *24*

# caregivers: *12*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Rosie; Lucy; Charlee; Caitlin; Kassandra; Paige; Bayley; Courtney; Kayla; Christian M; Diane; Marcie*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

*Emergency contact forms and Over the Counter (OTC) medication forms should be reviewed yearly by parents and signed/dated. A review of all children's records should be performed by the facility staff to ensure documents are in order.*

*As a reminder please check your first aid kits to make sure they all contain the following at a minimum: Sterile bandages; chemical cold pack; tape and a variety of band-aids; tweezers; scissors; disposable single use gloves*

### 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	Yes

**Health Issues**

12. Illness Exclusion	Yes
13. Health Prevention	Yes

**Medication**

14. Administration	Yes
15. Storage	Yes

**Infants/Toddlers**

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

**Infants/Toddlers (continued)**

21. Outdoor Activities	Yes
22. Special Requirements	Yes

**Transportation**

23. Basic Requirements	Yes
24. Child Passenger Safety	Yes

**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