



SURVEY TOOL

Facility

Name: <i>Alison Neumiller</i>		Provider ID: <i>PV75519</i>
Address: <i>23 Firth Pl, Glasgow, MT 59230</i>		
Type: <i>Family Child Care</i>	Service Area: <i>Havre</i>	Assigned Worker: <i>Pamela West</i>
Director: <i>Alison Neumiller</i>	Phone: <i>(406) 228-8725</i>	Email: .
Contact: .	Phone: .	Email: .

Inspection

Type: <i>KIS</i>	Date: <i>02/27/2020</i>	Time In: <i>2:00 PM</i>	Time Out: <i>2:50 PM</i>
Inspector: <i>Pam West</i>	Phone: <i>406-262-9790</i>		

Children/Caregiver Observations

Time: <i>2:00 PM</i>	# children: <i>3</i>	# under 2: <i>2</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	Yes
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Building/Fire Requirements

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

Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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20. Sleeping	Yes
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Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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30. Child File Review	Yes
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33. First Aid Requirements	Yes
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