



Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Darlene Wanner

Type: Key Indicator Survey **Date:** 04/18/2018 **Time:** 12:57 PM

Director: Darlene Wanner

Contact: _____

Licensing Worker: Sharla Jerrel

Phone #: (406) 234-4581

Time: 12:57 PM # **children:** 2 # **under 2:** 1 # **caregivers:** 1

Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes	1. License
Yes	2. Overlap

BUILDING/FIRE REQUIREMENTS

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

OUTDOOR TOUR

Yes	7. Play Area
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HEALTH ISSUES

Yes	14. Health Prevention
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MEDICATION

N/A	16. Storage
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INFANTS/TODDLERS

Yes	17. Diapering
Yes	20. Sleeping

WRITTEN RECORDS

Yes	28. Parent Information
Yes	29. Facility Records
No	<p>30. Child File Review</p> <p>37.95.139(1) (1) The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency. The intent of this rule was not met:</p> <p>Based on record review, CCL found that the parents did not provide the name of the physician or health care facility. See enclosed copy of children's record review. The plan of correction was accepted on 4/30/2018.</p>
Yes	32. Caregiver File Review
Yes	33. First Aid Requirements