



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Hawk's Nest ELC - Gallatin Valley YMCA

Type: Follow-up Inspection **Date:** 12/14/2017 **Time:** 10:20 AM

Director: Emily Jo Cuyle

Contact: _____

Licensing Worker: Kirsten Geiger **Phone #:** (406) 522-2271

Time: 10:35 AM **# children:** 17 **# under 2:** 11 **# caregivers:** 9

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

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

STAFF RATIOS

| | |
|-----|------------|
| Yes | 1. License |
|-----|------------|

BUILDING/FIRE REQUIREMENTS

| | |
|-----|--------------------|
| Yes | 2. Inside Facility |
|-----|--------------------|

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|-----|--------------|
| Yes | 3. Equipment |
|-----|--------------|

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|-----|------------|
| Yes | 4. Exiting |
|-----|------------|

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|-----|----------|
| Yes | 5. Space |
|-----|----------|

OUTDOOR TOUR

| | |
|--------------|--------------|
| Not Observed | 6. Play Area |
|--------------|--------------|

| | |
|-----|-------------|
| N/A | 7. Swimming |
|-----|-------------|

PROGRAM ISSUES

| | |
|-----|----------------|
| Yes | 8. Supervision |
|-----|----------------|

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|--------------|------------------------------|
| Not Observed | 9. Provider Responsibilities |
|--------------|------------------------------|

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|-----|----------------|
| Yes | 10. Activities |
|-----|----------------|

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|-----|----------------|
| N/A | 11. Night Care |
|-----|----------------|

HEALTH ISSUES

| | |
|--------------|-----------------------|
| Not Observed | 12. Illness Exclusion |
|--------------|-----------------------|

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|--------------|-----------------------|
| Not Observed | 13. Health Prevention |
|--------------|-----------------------|

MEDICATION

| | |
|--------------|--------------------|
| Not Observed | 14. Administration |
|--------------|--------------------|

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|--------------|-------------|
| Not Observed | 15. Storage |
|--------------|-------------|

INFANTS/TODDLERS

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|--------------|---------------|
| Not Observed | 16. Diapering |
|--------------|---------------|

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|--------------|-------------|
| Not Observed | 17. Feeding |
|--------------|-------------|

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|-----|-------------|
| N/A | 18. Bathing |
|-----|-------------|

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|-----|--------------|
| Yes | 19. Sleeping |
|-----|--------------|

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| Yes | 20. Activities |
|-----|----------------|

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|--------------|------------------------|
| Not Observed | 21. Outdoor Activities |
|--------------|------------------------|

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|-----|--------------------------|
| Yes | 22. Special Requirements |
|-----|--------------------------|

TRANSPORTATION

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|--------------|------------------------|
| Not Observed | 23. Basic Requirements |
|--------------|------------------------|

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|--------------|----------------------------|
| Not Observed | 24. Child Passenger Safety |
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WRITTEN RECORDS

| | |
|--------------|----------------------------|
| Yes | 25. Parent Information |
| Yes | 26. Facility Records |
| Not Observed | 27. Child File Review |
| Not Observed | 28. Medication File |
| Not Observed | 29. Caregiver File Review |
| Not Observed | 30. First Aid Requirements |

ADMINISTRATIVE RECORDS

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