



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Summer Rakstad / Diapers 2 Denim

Type: Renewal Inspection **Date:** 03/22/2017 **Time:** 01:30 PM

Director: Summer Rakstad

Contact: Summer

Licensing Worker: Cora Helm **Phone #:** (406) 655-7632

Time: 01:30 PM # **children:** 11 # **under 2:** 5 # **caregivers:** 2
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Not Observed 1. License

Not Observed 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

Not Observed 8. Swimming

PROGRAM ISSUES

Yes 9. Supervision

Yes 10. Provider Responsibilities

Not Observed 11. Activities

Not Observed 12. Night Care

HEALTH ISSUES

Yes 13. Illness Exclusion

Yes 14. Health Prevention

MEDICATION

Yes 15. Administration

Yes 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Not Observed 18. Feeding

Not Observed 19. Bathing

Yes 20. Sleeping

Not Observed 21. Activities

Not Observed 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Not Observed 23. Sanitation

Not Observed 24. Meal Frequency

NUTRITION/FOOD ISSUES

Not Observed 25. Special Diet

TRANSPORTATION

Yes 26. Basic Requirements

Yes 27. Child Passenger Safety

WRITTEN RECORDS

Not Observed 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Not Observed 34. License-Certificate

Not Observed 35. Facility Requirements

Not Observed 36. Registration/License Process