

## Department of Public Health and Human Services

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

## INSPECTION INFORMATION

| Facility: Amanda Bolin / Mandi's Busy Bees |                  |                        |
|--|------------------|------------------------|
| Type: Routine Inspection                   | Date: 01/09/2017 | Time: 10:30 AM         |
| Director: _ Amanda Jane Bolin              |                  |                        |
| Contact:                                   |                  |                        |
| Licensing Worker: Kirsten Geiger           |                  | Phone #:(406) 522-2271 |

| Time: | 10:35 AM | # children: | # under 2 | : <u>1</u> # caregivers: | 2 |
|-------|----------|-------------|-----------|--------------------------|---|
| Time: |          | # children: | # under 2 | : # caregivers:          |   |
| Time: |          | # children: | # under 2 |                          |   |
|       |          |             |           |                          |   |

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| INFANTS/TODDLERS       |                                  |  |  |  |
|------------------------|----------------------------------|--|--|--|
| N/A                    | 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               |  |  |  |
| N/A                    | 25. Special Diet                 |  |  |  |
| TRANSPORTATION         |                                  |  |  |  |
| Not Observed           | 26. Basic Requirements           |  |  |  |
| Not Observed           | 27. Child Passenger Safety       |  |  |  |
| WRITTEN RECORDS        |                                  |  |  |  |
| Yes                    | 28. Parent Information           |  |  |  |
| Yes                    | 29. Facility Records             |  |  |  |
| Not Observed           | 30. Child File Review            |  |  |  |
| Not Observed           | 31. Medication File              |  |  |  |
| Not Observed           | 32. Caregiver File Review        |  |  |  |
| Not Observed           | 33. First Aid Requirements       |  |  |  |
| ADMINISTRATIVE RECORDS |                                  |  |  |  |
| Yes                    | 34. License-Certificate          |  |  |  |
| Yes                    | 35. Facility Requirements        |  |  |  |
| Yes                    | 36. Registration/License Process |  |  |  |

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