



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Amanda M. Hallsted/Amandas RugRats

Type: Initial-New Inspection **Date:** 07/18/2017 **Time:** 01:30 PM

Director: Amanda M. Hallsted

Contact: _____

Licensing Worker: Diana Lamers **Phone #:** (406) 751-5962

Time: 01:30 PM # **children:** 1 # **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
N/A	8. Swimming

PROGRAM ISSUES

Yes	9. Supervision
Yes	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Yes	13. Illness Exclusion
Yes	14. Health Prevention

MEDICATION

Not Observed	15. Administration
Not Observed	16. Storage

INFANTS/TODDLERS

Yes	17. Diapering
Yes	18. Feeding
Yes	19. Bathing
Yes	20. Sleeping
Yes	21. Activities
Yes	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

N/A 31. Medication File

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

N/A 35. Facility Requirements

Yes 36. Registration/License Process