

## Department of Public Health and Human Services

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

## **INSPECTION INFORMATION**

| Facility: Amber Ployhar/Amber's Angels |                  |                        |
|--|------------------|------------------------|
| Type: Complaint Investigation          | Date: 09/05/2017 | Time: 10:45 AM         |
| Director: Amber Ployhar                |                  |                        |
| Contact:                               |                  |                        |
| Licensing Worker: Kate Hawley          |                  | Phone #:(406) 329-1590 |

| Time: | 10:45 AM | # children: | 18 # under | 2: <u>6</u> # caregivers | : 4 |
|-------|----------|-------------|------------|--------------------------|-----|
| Гіте: |          | # children: |            | 2: # caregivers          |     |
| Time: |          | # children: |            | 2: # caregivers          |     |
|       |          |             |            |                          |     |

| Facility: A  | mber Ployhar/Amber's Angels  | Date: 09/05/2017 |  |  |  |
|--------------|--|------------------|--|--|--|
| STAFF RATIOS |  |                  |  |  |  |
| Yes          | 1. License   |                  |  |  |  |
| N/A          | 2. Overlap   |                  |  |  |  |
|              | BUILDING/FIRE REQUIREMENTS   |                  |  |  |  |
| No           | 3. Inside Facility   |                  |  |  |  |
|              | <ul> <li>37.95.121(5)</li> <li>(5) The indoor and outdoor play areas must be clean, reasonably neat, and free from accumula rubbish, or other health hazards.</li> <li>The intent of this rule was not met:</li> </ul> | tion of dirt,    |  |  |  |
|              | Based on observation, CCL found that the indoor area had a tall white cabinet in the corner of the play area. This cabinet was not secure, could easily fall or be pushed over and posed a great rist safety.          |                  |  |  |  |
| N + 01       | PLAN OF CORRECTION ACCEPTED 10/5/17  |                  |  |  |  |
| Not Observed | 4. Fire Safety   |                  |  |  |  |
| Not Observed | 5. Equipment   |                  |  |  |  |
| Not Observed | 6. Exiting   |                  |  |  |  |
|              | OUTDOOR TOUR   |                  |  |  |  |
| Yes          | 7. Play Area   |                  |  |  |  |
| N/A          | 8. Swimming  |                  |  |  |  |
|              | PROGRAM ISSUES   |                  |  |  |  |
| Yes          | 9. Supervision   |                  |  |  |  |
| Yes          | 10. Provider Responsibilities  |                  |  |  |  |
| Not Observed | 11. Activities   |                  |  |  |  |
| N/A          | 12. Night Care   |                  |  |  |  |
|              | HEALTH ISSUES  |                  |  |  |  |
| Not Observed | 13. Illness Exclusion  |                  |  |  |  |
| Not Observed | 14. Health Prevention  |                  |  |  |  |
|              | MEDICATION   |                  |  |  |  |
| Not Observed | 15. Administration   |                  |  |  |  |
| Not Observed | 16. Storage  |                  |  |  |  |
|              | INFANTS/TODDLERS   |                  |  |  |  |
| Not Observed | 17. Diapering  |                  |  |  |  |
| Not Observed | 18. Feeding  |                  |  |  |  |
| N/A          | 19. Bathing  |                  |  |  |  |

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| ADMINISTRATIVE RECORDS |                                  |  |
|------------------------|----------------------------------|--|
| Not Observed           | 34. License-Certificate          |  |
| Not Observed           | 35. Facility Requirements        |  |
| Not Observed           | 36. Registration/License Process |  |
|                        |                                  |  |

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