



# Department of Public Health and Human Services

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

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### INSPECTION INFORMATION

**Facility:** Angela Adams

**Type:** Renewal Inspection      **Date:** 07/26/2017      **Time:** 10:18 AM

**Director:** Angela Adams

**Contact:** \_\_\_\_\_

**Licensing Worker:** Kate Hawley      **Phone #:** (406) 329-1590

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**Time:** 10:20 AM # **children:** 6 # **under 2:** 1 # **caregivers:** 1

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

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

**STAFF RATIOS**

Yes	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
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**HEALTH ISSUES**

Yes	14. Health Prevention
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**MEDICATION**

N/A	16. Storage
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**INFANTS/TODDLERS**

Yes	17. Diapering
Yes	20. Sleeping

**WRITTEN RECORDS**

Yes	28. Parent Information
Yes	29. Facility Records
Yes	30. Child File Review
Yes	32. Caregiver File Review
Yes	33. First Aid Requirements