



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Brandy Ehlert

Type: Pre-Inspection **Date:** 02/08/2018 **Time:** 02:30 PM

Director: Brandy Willoughby

Contact: _____

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

Time: 02:30 PM # **children:** 3 # **under 2:** 1 # **caregivers:** 1
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

N/A 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

HEALTH ISSUES

Yes 14. Health Prevention

MEDICATION

N/A 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 20. Sleeping

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Yes 31. Medication File

Yes 33. First Aid Requirements