



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Chelsey Murphy / Front Street School

Type: Routine Inspection **Date:** 09/14/2017 **Time:** 11:05 AM

Director: Chelsey Marie Murphy

Contact: _____

Licensing Worker: Kirsten Geiger **Phone #:** (406) 522-2271

Time: 11:15 AM # **children:** 8 # **under 2:** 3 # **caregivers:** 4

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 |
| N/A | 8. Swimming |

PROGRAM ISSUES

| | |
|--------------|-------------------------------|
| Yes | 9. Supervision |
| Not Observed | 10. Provider Responsibilities |
| Yes | 11. Activities |
| N/A | 12. Night Care |

HEALTH ISSUES

| | |
|--------------|-----------------------|
| Yes | 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 |
| Yes | 20. Sleeping |
| Not Observed | 21. Activities |
| Yes | 22. Outdoor Activities |

NUTRITION/FOOD ISSUES

| | |
|--------------|--------------------|
| Not Observed | 23. Sanitation |
| Not Observed | 24. Meal Frequency |

NUTRITION/FOOD ISSUES

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