



# Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** Deanna Simmons/Kyndras Corner Child Care

**Type:** Pre-Inspection      **Date:** 03/31/2017      **Time:** 08:40 AM

**Director:** Deanna Simmons

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

**Licensing Worker:** Crystal Wavrick      **Phone #:** (406) 329-1589

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**Time:** 08:40 # **children:** 0 # **under 2:** 0 # **caregivers:** 0

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

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

**STAFF RATIOS**

N/A 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

**OUTDOOR TOUR**

Yes 6. Play Area

N/A 7. Swimming

**PROGRAM ISSUES**

Not Observed 8. Supervision

Yes 9. Provider Responsibilities

Not Observed 10. Activities

N/A 11. Night Care

**HEALTH ISSUES**

Yes 12. Illness Exclusion

Yes 13. Health Prevention

**MEDICATION**

Not Observed 14. Administration

Yes 15. Storage

**INFANTS/TODDLERS**

Yes 16. Diapering

Not Observed 17. Feeding

N/A 18. Bathing

Not Observed 19. Sleeping

Not Observed 20. Activities

Yes 21. Outdoor Activities

Not Observed 22. Special Requirements

**TRANSPORTATION**

N/A 23. Basic Requirements

N/A 24. Child Passenger Safety

**WRITTEN RECORDS**

Yes	25. Parent Information
Yes	26. Facility Records
Yes	27. Child File Review
Not Observed	28. Medication File
Yes	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

N/A	31. License-Certificate
N/A	32. Facility Requirements
Yes	33. Registration/License Process