



# 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:** Debra Jean Klingaman

**Type:** Key Indicator Survey      **Date:** 04/10/2018      **Time:** 01:35 PM

**Director:** Debra Jean Klingaman

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

**Licensing Worker:** Gloria Tatchell      **Phone #:** (406) 444-1954

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**Time:** 01:35 PM # **children:** 8 # **under 2:** 4 # **caregivers:** 2  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

Yes 1. License

Yes 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**

Yes 16. Storage

**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