



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Diana Clifford

Type: Renewal Inspection **Date:** 05/23/2018 **Time:** 11:15 AM

Director: Diana L Clifford

Contact: _____

Licensing Worker: Fern Sutherland **Phone #:** (406) 751-5932

Time: 11:15 AM # **children:** 9 # **under 2:** 4 # **caregivers:** 2
Time: 11:45 AM # **children:** 10 # **under 2:** 4 # **caregivers:** 2
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

Yes 8. Swimming

PROGRAM ISSUES

Yes 9. Supervision

Yes 10. Provider Responsibilities

Yes 11. Activities

N/A 12. Night Care

HEALTH ISSUES

Yes 13. Illness Exclusion

Yes 14. Health Prevention

MEDICATION

Yes 15. Administration

Yes 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 18. Feeding

Yes 19. Bathing

Yes 20. Sleeping

Yes 21. Activities

Yes 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes 23. Sanitation

Yes 24. Meal Frequency

NUTRITION/FOOD ISSUES

Yes 25. Special Diet

TRANSPORTATION

N/A 26. Basic Requirements

N/A 27. Child Passenger Safety

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Yes 31. Medication File

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process