



# 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:** Dori's P.L.A.C.E. / Dori Umfleet

**Type:** Key Indicator Survey      **Date:** 03/27/2018      **Time:** 12:19 PM

**Director:** Dorian Umfleet

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

**Licensing Worker:** Sharla Jerrel      **Phone #:** (406) 234-4581

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**Time:** \_\_\_\_\_ 12:20 PM \_\_\_\_\_ **# children:** \_\_\_\_\_ 11 \_\_\_\_\_ **# under 2:** \_\_\_\_\_ 1 \_\_\_\_\_ **# 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**

N/A 16. Storage

**INFANTS/TODDLERS**

Yes 17. Diapering

Yes 20. Sleeping

**WRITTEN RECORDS**

Yes 28. Parent Information

Yes 29. Facility Records

**No** 30. Child File Review**37.95.139(1)**

(1) The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.

**The intent of this rule was not met:**

Based on record review, CCL found that the parent did not provide the name of the physician or health care facility. See enclosed copy of children's record review.

**The plan of correction was accepted on 4/4/2018.**

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements