



# Department of Public Health and Human Services

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

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### INSPECTION INFORMATION

**Facility:** Footsteps

**Type:** Renewal Inspection      **Date:** 05/31/2017      **Time:** 10:30 AM

**Director:** Angela Buckley

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

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

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**Time:** 10:45 AM # **children:** 35 # **under 2:** 0 # **caregivers:** 5  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

Yes 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Not Observed 5. Space

**OUTDOOR TOUR**

Yes 6. Play Area

N/A 7. Swimming

**PROGRAM ISSUES**

Yes 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**

Yes 14. Administration

Yes 15. Storage

**INFANTS/TODDLERS**

N/A 16. Diapering

N/A 17. Feeding

N/A 18. Bathing

N/A 19. Sleeping

N/A 20. Activities

N/A 21. Outdoor Activities

N/A 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
Yes	28. Medication File
Not Observed	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

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