



DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE DIVISION - LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

CHILD DAY CARE FACILITIES  
(includes infant regulations)  
SURVEY TOOL

INSPECTION INFORMATION

Facility: Friendship House Child Care Center

Type: Renewal Inspection Date: 04/18/2012 Time: 10:26 AM

Director: Micah Umphrey

Contact: Georgie

Licensing Worker: Cora Helm Phone #: (406) 655-7632

Time: 02:20 PM # children: 42 # infants: 0 # caregivers: 4

Time: \_\_\_\_\_ # children: \_\_\_\_\_ # infants: \_\_\_\_\_ # caregivers: \_\_\_\_\_

Time: \_\_\_\_\_ # children: \_\_\_\_\_ # infants: \_\_\_\_\_ # caregivers: \_\_\_\_\_

**STAFF RATIOS**

Yes 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

**OUTDOOR TOUR**

Yes 6. Play Area

Yes 7. Swimming

**PROGRAM ISSUES**

Yes 8. Supervision

Yes 9. Provider Responsibilities

Yes 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**

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**

Yes 23. Basic Requirements

Yes 24. Child Passenger Safety

**WRITTEN RECORDS**

Yes	25. Parent Information
Yes	26. Facility Records
<b>No</b>	<p>27. Child File Review</p> <p><b>37.95.139(1)</b>  <b>(1)</b> 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.  <b>The intent of this rule was not met:</b></p> <p>Based on record review, CCL found that the parents of three children did not provide the name of the physician or health care facility. Please see enclosed copy of children's records review.  <b>CCLaccepted Plan of Correction on 04/27/2012.</b></p>
Yes	28. Medication File
Yes	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

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