



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Genevieve King/Origins Education Presch

Type: Pre-Inspection **Date:** 07/11/2017 **Time:** 01:33 PM

Director: Genevieve King

Contact: _____

Licensing Worker: Kate Hawley **Phone #:** (406) 329-1590

Time: 01:33 PM # **children:** 0 # **under 2:** 0 # **caregivers:** 0

Time: # **children:** # **under 2:** # **caregivers:**

Time: # **children:** # **under 2:** # **caregivers:**

STAFF RATIOS

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

N/A 17. Diapering

N/A 20. Sleeping

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Yes 31. Medication File

Yes 33. First Aid Requirements