



# 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:** Genevieve King/Origins Education Presch

**Type:** Initial-New Inspection      **Date:** 10/03/2017      **Time:** 09:30 AM

**Director:** Genevieve King

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

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

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**Time:** 09:30 AM # **children:** 8 # **under 2:** 0 # **caregivers:** 2  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

Yes	1. License
Not Observed	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
N/A	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**

Not Observed	15. Administration
Not Observed	16. Storage

**INFANTS/TODDLERS**

N/A	17. Diapering
N/A	18. Feeding
N/A	19. Bathing
N/A	20. Sleeping
N/A	21. Activities
N/A	22. Outdoor Activities

**NUTRITION/FOOD ISSUES**

Not Observed	23. Sanitation
Not Observed	24. Meal Frequency

**NUTRITION/FOOD ISSUES**

Not Observed 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