



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Greenwood Step Connection

Type: Routine Inspection **Date:** 04/05/2017 **Time:** 03:35 PM

Director: Vickie Greenwood

Contact: _____

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

Time: 03:45 PM # **children:** 38 # **under 2:** 15 # **caregivers:** 12
Time: 04:10 PM # **children:** 46 # **under 2:** 15 # **caregivers:** 13
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes 1. License

BUILDING/FIRE REQUIREMENTS

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

OUTDOOR TOUR

Not Observed 6. Play Area

N/A 7. Swimming

PROGRAM ISSUES

Yes 8. Supervision

Yes 9. Provider Responsibilities

Yes 10. Activities

N/A 11. Night Care

HEALTH ISSUES

Not Observed 12. Illness Exclusion

Not Observed 13. Health Prevention

MEDICATION

Not Observed 14. Administration

Not Observed 15. Storage

INFANTS/TODDLERS

Yes 16. Diapering

Yes 17. Feeding

N/A 18. Bathing

Not Observed 19. Sleeping

Yes 20. Activities

Not Observed 21. Outdoor Activities

Yes 22. Special Requirements

TRANSPORTATION

Not Observed 23. Basic Requirements

Not Observed 24. Child Passenger Safety

WRITTEN RECORDS

Yes	25. Parent Information
Yes	26. Facility Records
Not Observed	27. Child File Review
Not Observed	28. Medication File
Not Observed	29. Caregiver File Review
Not Observed	30. First Aid Requirements

ADMINISTRATIVE RECORDS

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