



# 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:** Jamie Pluhar

**Type:** Renewal Inspection      **Date:** 10/18/2017      **Time:** 08:50 AM

**Director:** Jamie Dawn Pluhar

**Contact:** Jamie

**Licensing Worker:** Cora Helm      **Phone #:** (406) 545-8450

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**Time:** 08:51 AM # **children:** 4 # **under 2:** 3 # **caregivers:** 1

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

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

**STAFF RATIOS**

Yes 1. License

N/A 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

Yes 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**

N/A 15. Administration

N/A 16. Storage

**INFANTS/TODDLERS**

Yes 17. Diapering

Yes 18. Feeding

Yes 19. Bathing

Yes 20. Sleeping

Yes 21. Activities

Yes 22. Outdoor Activities

**NUTRITION/FOOD ISSUES**

Yes 23. Sanitation

Yes 24. Meal Frequency

**NUTRITION/FOOD ISSUES**

Yes 25. Special Diet

**TRANSPORTATION**

Yes 26. Basic Requirements

Yes 27. Child Passenger Safety

**WRITTEN RECORDS**

Yes 28. Parent Information

Yes 29. Facility Records

No 30. Child File Review

**37.95.1003(1)**

(1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.

**The intent of this rule was not met:**

Based on record review, CCL found that there was 1 infant that did not have an individualized feeding schedule on file.

**CCL accepted Plan of Correction 10/31/2017.**

**37.95.141(6)**

(6) The information supplied in (5)(a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.

**The intent of this rule was not met:**

Based on record review, CCL found that the following information was not maintained on forms provided by the department: an emergency consent form was not on file for 1 infant.

**CCL accepted Plan of Correction 10/31/2017.**

N/A 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