



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Jennifer Lubke

Type: Routine Inspection **Date:** 02/01/2017 **Time:** 03:27 PM

Director: Jennifer Lubke

Contact: _____

Licensing Worker: Crystal Wavrick **Phone #:** (406) 329-1589

Time: 03:27 PM # **children:** 9 # **under 2:** 1 # **caregivers:** 2
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes 1. License

Yes 2. Overlap

BUILDING/FIRE REQUIREMENTS

Yes 3. Inside Facility

Yes 4. Fire Safety

Yes 5. Equipment

Yes 6. Exiting

OUTDOOR TOUR

Not Observed 7. Play Area

N/A 8. Swimming

PROGRAM ISSUES

Yes 9. Supervision

Not Observed 10. Provider Responsibilities

Yes 11. Activities

N/A 12. Night Care

HEALTH ISSUES

Not Observed 13. Illness Exclusion

Not Observed 14. Health Prevention

MEDICATION

Not Observed 15. Administration

Not Observed 16. Storage

INFANTS/TODDLERS

Not Observed 17. Diapering

Not Observed 18. Feeding

N/A 19. Bathing

Not Observed 20. Sleeping

Not Observed 21. Activities

Not Observed 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

Not Observed 28. Parent Information

Not Observed 29. Facility Records

Not Observed 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Not Observed 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Not Observed 34. License-Certificate

Not Observed 35. Facility Requirements

Not Observed 36. Registration/License Process