



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Jennifer Losing

Type: Renewal Inspection **Date:** 02/23/2017 **Time:** 11:30 AM

Director: Jennifer P Losing

Contact: _____

Licensing Worker: Fern Sutherland **Phone #:** (406) 751-5932

Time: 11:30 AM # **children:** 4 # **under 2:** 2 # **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
Not Observed	5. Equipment
Yes	6. Exiting

OUTDOOR TOUR

Yes	7. Play Area
Not Observed	8. Swimming

PROGRAM ISSUES

Yes	9. Supervision
Not Observed	10. Provider Responsibilities
Not Observed	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Yes	13. Illness Exclusion
Yes	14. Health Prevention

MEDICATION

Yes	15. Administration
Not Observed	16. Storage

INFANTS/TODDLERS

Not Observed	17. Diapering
Yes	18. Feeding
Not Observed	19. Bathing
Yes	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

Yes 29. Facility Records

Yes 30. Child File Review

Not Observed 31. Medication File

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Not Observed 34. License-Certificate

Not Observed 35. Facility Requirements

Yes 36. Registration/License Process