

Department of Public Health and Human Services

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

INSPECTION INFORMATION

Time: 11:30 PM
Phone #:(406) 751-5962

Time:	11:30 AM	# children:	<u>7</u> # under 2:	<u>2</u> # caregivers:	1
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					
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					
Yes	15. Administration					
Yes	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					
Not Observed	23. Sanitation					
Yes	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				
Not Observed	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				