



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Ken Pollington / Best Buddys Daycare

Type: Renewal Inspection **Date:** 04/28/2017 **Time:** 10:00 AM

Director: Ken Pollington

Contact: _____

Licensing Worker: Anna Haire **Phone #:** (406) 444-1954

Time: 10:00 AM # **children:** 6 # **under 2:** 0 # **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

Not Observed 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

N/A 17. Diapering

N/A 18. Feeding

N/A 19. Bathing

N/A 20. Sleeping

N/A 21. Activities

N/A 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

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process