



# 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:** Kimberly Stroup

**Type:** Renewal Inspection      **Date:** 02/21/2017      **Time:** 10:00 AM

**Director:** Kimberly Stroup

**Contact:** \_\_\_\_\_

**Licensing Worker:** Gloria Tatchell      **Phone #:** (406) 444-1954

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**Time:** 10:00 AM # **children:** 3 # **under 2:** 2 # **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**

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**

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

Yes 30. Child File Review

Yes 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