



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Lori Riley /New Frontier Learning Center

Type: Renewal Inspection **Date:** 05/23/2017 **Time:** 01:05 PM

Director: Lori J Riley

Contact: _____

Licensing Worker: Diana Lamers **Phone #:** (406) 751-5962

Time: 01:05 PM **# children:** 11 **# under 2:** 3 **# caregivers:** 3

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

Not Observed	25. Special Diet
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TRANSPORTATION

N/A	26. Basic Requirements
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N/A	27. Child Passenger Safety
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WRITTEN RECORDS

Yes	28. Parent Information
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Yes	29. Facility Records
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Yes	30. Child File Review
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Yes	31. Medication File
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Yes	32. Caregiver File Review
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Yes	33. First Aid Requirements
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ADMINISTRATIVE RECORDS

Yes	34. License-Certificate
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N/A	35. Facility Requirements
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Yes	36. Registration/License Process
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