



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Mitzi Ceclre

Type: Follow-up Inspection **Date:** 02/27/2017 **Time:** 09:20 AM

Director: Mitzi Ceclre

Contact: _____

Licensing Worker: Pam West **Phone #:** (406) 262-9790

Time: 09:20 AM # **children:** 6 # **under 2:** 5 # **caregivers:** 3

Time: # **children:** # **under 2:** # **caregivers:**

Time: # **children:** # **under 2:** # **caregivers:**

STAFF RATIOS

Yes 1. License

BUILDING/FIRE REQUIREMENTS

Not Observed 2. Inside Facility

Not Observed 3. Equipment

Not Observed 4. Exiting

Not Observed 5. Space

OUTDOOR TOUR

Not Observed 6. Play Area

Not Observed 7. Swimming

PROGRAM ISSUES

Yes 8. Supervision

Not Observed 9. Provider Responsibilities

Yes 10. Activities

N/A 11. Night Care

HEALTH ISSUES

Yes 12. Illness Exclusion

Not Observed 13. Health Prevention

MEDICATION

Not Observed 14. Administration

Not Observed 15. Storage

INFANTS/TODDLERS

Not Observed 16. Diapering

Not Observed 17. Feeding

N/A 18. Bathing

Yes 19. Sleeping

Yes 20. Activities

Not Observed 21. Outdoor Activities

Yes 22. Special Requirements

TRANSPORTATION

N/A 23. Basic Requirements

N/A 24. Child Passenger Safety

WRITTEN RECORDS

| | |
|--------------|----------------------------|
| Not Observed | 25. Parent Information |
| Yes | 26. Facility Records |
| Not Observed | 27. Child File Review |
| Not Observed | 28. Medication File |
| Not Observed | 29. Caregiver File Review |
| Not Observed | 30. First Aid Requirements |

ADMINISTRATIVE RECORDS

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|-----|----------------------------------|
| Yes | 31. License-Certificate |
| Yes | 32. Facility Requirements |
| Yes | 33. Registration/License Process |