



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Patti S Nield

Type: Key Indicator Survey **Date:** 09/28/2017 **Time:** 02:02 PM

Director: Patti Nield

Contact: _____

Licensing Worker: Kate Hawley **Phone #:** (406) 329-1590

Time: 02:02 PM # **children:** 12 # **under 2:** 2 # **caregivers:** 2

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

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

STAFF RATIOS

Yes 1. License

N/A 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

HEALTH ISSUES

Yes 14. Health Prevention

MEDICATION

N/A 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 20. Sleeping

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements