



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Rhiannon Shook / A Place to Grow

Type: Renewal Inspection **Date:** 02/23/2017 **Time:** 11:25 AM

Director: Rhiannon Shook

Contact: _____

Licensing Worker: Kirsten Geiger **Phone #:** (406) 522-2271

Time:	<u>11:30 AM</u>	# children:	<u>8</u>	# under 2:	<u>5</u>	# caregivers:	<u>2</u>
Time:	<u>11:45 AM</u>	# children:	<u>9</u>	# under 2:	<u>5</u>	# caregivers:	<u>3</u>
Time:	<u></u>	# children:	<u></u>	# under 2:	<u></u>	# caregivers:	<u></u>

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

Yes 17. Diapering

Not Observed 18. Feeding

N/A 19. Bathing

Yes 20. Sleeping

Not Observed 21. Activities

Not Observed 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes 23. Sanitation

Yes 24. Meal Frequency

NUTRITION/FOOD ISSUES

N/A	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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Not Observed	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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Yes	35. Facility Requirements
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Yes	36. Registration/License Process
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