



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Shannon Oxarart

Type: Key Indicator Survey **Date:** 12/07/2017 **Time:** 09:30 AM

Director: Shannon Oxarart

Contact: _____

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

Time: 09:30 AM **# children:** 3 **# under 2:** 3 **# caregivers:** 1
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

Yes 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

N/A 32. Caregiver File Review

Yes 33. First Aid Requirements