

Department of Public Health and Human Services

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

INSPECTION INFORMATION

| Facility: Shannon Berreth / Aunties | Place | |
|-------------------------------------|------------------|-------------------------|
| Type: Renewal Inspection | Date: 06/12/2018 | Time: 09:50 AM |
| Director: Shannon Berreth | | |
| Contact: | | |
| Licensing Worker: Fern Sutherlar | nd | Phone #: (406) 751-5932 |
| <u> </u> | | |

| Time: | 09:50 AM | # children: | 8 | _ # under 2: | 2 | _ # caregivers: | 1 |
|-------|----------|-------------|---|--------------|---|-----------------|---|
| Time: | 10:40 AM | # children: | 8 | _ # under 2: | 2 | # caregivers: | 2 |
| Time: | | # children: | | _ # under 2: | | # caregivers: | |

Date: _06/12/2018

| STAFF RATIOS | | | | |
|--------------|--|--|--|--|
| Yes | 1. License | | | |
| No | 2. Overlap 37.95.702(1) (1) Except for approved overlap care there shall be at least 2 caregivers caring for the children at all times when there are more than 6 children present at the home. The intent of this rule was not met: Based on observation, CCL found there were 8 children in care with one caregiver. Ratios were corrected within the hour by the arrival of another caregiver. The Plan of Correction was accepted on June 12, 2018. | | | |
| | BUILDING/FIRE REQUIREMENTS | | | |
| Yes | 3. Inside Facility | | | |
| Yes | 4. Fire Safety | | | |
| Yes | 5. Equipment | | | |
| Yes | 6. Exiting | | | |
| | OUTDOOR TOUR | | | |
| Yes | 7. Play Area | | | |
| Yes | 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 | | | |

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Yes

Yes

Yes

34. License-Certificate

35. Facility Requirements

36. Registration/License Process

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