



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Sheri M Thompson

Type: Renewal Inspection **Date:** 03/23/2017 **Time:** 03:56 PM

Director: Sheri M Thompson

Contact: _____

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

Time: 03:56 PM # **children:** 10 # **under 2:** 4 # **caregivers:** 2
Time: # **children:** # **under 2:** # **caregivers:**
Time: # **children:** # **under 2:** # **caregivers:**

STAFF RATIOS

Yes	1. License
Not Observed	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
Yes	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Yes	13. Illness Exclusion
Yes	14. Health Prevention

MEDICATION

N/A	15. Administration
N/A	16. Storage

INFANTS/TODDLERS

Yes	17. Diapering
Yes	18. Feeding
N/A	19. Bathing
Not Observed	20. Sleeping
Not Observed	21. Activities
Not Observed	22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes	23. Sanitation
Yes	24. Meal Frequency

NUTRITION/FOOD ISSUES

Not Observed 25. Special Diet

TRANSPORTATION

N/A 26. Basic Requirements

N/A 27. Child Passenger Safety

WRITTEN RECORDS

Not Observed 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process