



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Stacey Schweigert

Type: Follow-up Inspection **Date:** 04/18/2017 **Time:** 09:00 AM

Director: Stacey L. Schweigert

Contact: _____

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

Time: 09:00 AM # **children:** 6 # **under 2:** 5 # **caregivers:** 2

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

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

STAFF RATIOS

Yes	1. License
Yes	2. Overlap

BUILDING/FIRE REQUIREMENTS

Not Observed	3. Inside Facility
Yes	4. Fire Safety
Yes	5. Equipment
Not Observed	6. Exiting

OUTDOOR TOUR

Yes	7. Play Area
Not Observed	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
Not Observed	14. Health Prevention

MEDICATION

Not Observed	15. Administration
Not Observed	16. Storage

INFANTS/TODDLERS

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

NUTRITION/FOOD ISSUES

Not Observed	23. Sanitation
Not Observed	24. Meal Frequency

NUTRITION/FOOD ISSUES

Not Observed 25. Special Diet

TRANSPORTATION

Not Observed 26. Basic Requirements

Not Observed 27. Child Passenger Safety

WRITTEN RECORDS

Yes 28. Parent Information

Not Observed 29. Facility Records

Not Observed 30. Child File Review

Not Observed 31. Medication File

Not Observed 32. Caregiver File Review

Not Observed 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process