



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION - LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

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

INSPECTION INFORMATION

Facility: Stephanie Lind / Nine Mile Daycare

Type: Routine Inspection Date: 02/22/2010 Time: 12:10 PM

Director: Stephanie Lind

Contact: Kathy & Sara

Licensing Worker: Cora Helm Phone #: (406) 655-7632

Time: 12:10 PM # children: 9 # infants: 3 # caregivers: 2

Time: _____ # children: _____ # infants: _____ # caregivers: _____

Time: _____ # children: _____ # infants: _____ # caregivers: _____

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
Not Observed	8. Swimming

PROGRAM ISSUES

Yes	9. Supervision
Yes	10. Provider Responsibilities
Yes	11. Activities
N/A	12. Night Care

HEALTH ISSUES

Not Observed	13. Illness Exclusion
Not Observed	14. Health Prevention

MEDICATION

Not Observed	15. Administration
Not Observed	16. Storage

INFANTS

Yes	17. Diapering
Yes	18. Feeding
Yes	19. Bathing
Yes	20. Sleeping
Yes	21. Activities
Yes	22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes	23. Sanitation
Yes	24. Meal Frequency

NUTRITION/FOOD ISSUES

Yes 25. Special Diet

TRANSPORTATION

N/A 26. Basic Requirements

N/A 27. Child Passenger Safety

WRITTEN RECORDS

Not Observed 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