



# Department of Public Health and Human Services

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

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### INSPECTION INFORMATION

**Facility:** Tamara L Benjamin/T-Day's Kids

**Type:** Renewal Inspection      **Date:** 03/14/2018      **Time:** 11:55 AM

**Director:** Tamara L Benjamin

**Contact:** \_\_\_\_\_

**Licensing Worker:** Jodi Linne      **Phone #:** (406) 453-0526

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**Time:** 11:55 AM # **children:** 2 # **under 2:** 0 # **caregivers:** 1  
**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 |
| Not Observed | 8. Swimming  |

**PROGRAM ISSUES**

|              |                               |
|--------------|-------------------------------|
| Yes          | 9. Supervision                |
| Yes          | 10. Provider Responsibilities |
| Yes          | 11. Activities                |
| Not Observed | 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            |
| Not Observed | 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**

Yes 26. Basic Requirements

Not Observed 27. Child Passenger Safety

**WRITTEN RECORDS**

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Yes 31. Medication File

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements

**ADMINISTRATIVE RECORDS**

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process