



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Tammy Mix* **Provider ID:** *PV80088*
Address: *302 3rd Avenue N, Glasgow, MT 59230*
Type: *Group Child Care* **Service Area:** *Harve* **Assigned Worker:** *Pamela West*
Director: *Tammy L. Mix* **Phone:** *(406) 263-8368* **Email:** .
Contact: . **Phone:** . **Email:** .

Inspection

Type: *Routine Inspection* **Date:** *04/02/2019* **Time In:** *3:30 PM* **Time Out:** *3:45 PM*
Inspector: *Pam West* **Phone:** *406-262-9790*

Children/Caregiver Observations

Time: <i>3:30 PM</i>	# children: <i>9</i>	# under 2: <i>2</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

- 1. License *Yes*

- 2. Overlap *N/A*

Building/Fire Requirements

- 3. Inside Facility *Not Observed*

- 4. Fire Safety *Not Observed*

- 5. Equipment *Not Observed*

- 6. Exiting *Not Observed*

Outdoor Tour

- 7. Play Area *Not Observed*

Program Issues (continued)

8. Swimming *Not Observed*

Program Issues

9. Supervision *Yes*

10. Provider Responsibilities *Yes*

11. Activities *Yes*

12. Night Care *N/A*

Health Issues

13. Illness Exclusion *Not Observed*

14. Health Prevention *Not Observed*

Medication

15. Administration *Not Observed*

16. Storage *Not Observed*

Infants/Toddlers

17. Diapering *Not Observed*

18. Feeding *Not Observed*

19. Bathing *Not Observed*

20. Sleeping *Yes*

21. Activities *Yes*

22. Outdoor Activities *Not Observed*

Nutrition/Food Issues

23. Sanitation *Not Observed*

24. Meal Frequency *Not Observed*

25. Special Diet *Not Observed*

Transportation

26. Basic Requirements	<i>Not Observed</i>
27. Child Passenger Safety	<i>Not Observed</i>

Written Records

28. Parent Information	<i>Yes</i>
29. Facility Records	<i>Not Observed</i>
30. Child File Review	<i>Not Observed</i>
31. Medication File	<i>Not Observed</i>
32. Caregiver File Review	<i>Not Observed</i>
33. First Aid Requirements	<i>Not Observed</i>

Administrative Records

34. License-Certificate	<i>Yes</i>
35. Facility Requirements	<i>Yes</i>
36. Registration/License Process	<i>Yes</i>