



# 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:** Tomiko Hewitt

**Type:** Renewal Inspection      **Date:** 02/24/2017      **Time:** 02:05 AM

**Director:** Tomiko Alison Hewitt

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

**Licensing Worker:** Anna Haire      **Phone #:** (406) 444-1954

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**Time:** 02:05 PM # **children:** 7 # **under 2:** 3 # **caregivers:** 2  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **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**

No 7. Play Area

**37.95.121(6)(a)**

(a) Outdoor play areas shall be designed so that all parts are always visible and easily supervised by staff .

**The intent of this rule was not met:**

Based on observation and interview, CCL found that the outdoor area was not designed so that all parts are visible and easily supervised by staff.

**The Plan of Correction was accepted on 3-15-17.**

N/A 8. Swimming

**PROGRAM ISSUES**

Yes 9. Supervision

Yes 10. Provider Responsibilities

Yes 11. Activities

Yes 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

Yes 19. Bathing

Yes 20. Sleeping

Yes 21. Activities

**INFANTS/TODDLERS**

Yes 22. Outdoor Activities

**NUTRITION/FOOD ISSUES**

Yes 23. Sanitation

Yes 24. Meal Frequency

Yes 25. Special Diet

**TRANSPORTATION**

Yes 26. Basic Requirements

Yes 27. Child Passenger Safety

**WRITTEN RECORDS**

Yes 28. Parent Information

Yes 29. Facility Records

**No** 30. Child File Review

**37.95.141(5)(a-d)**

**(5)** Prior to a child being enrolled or entered into a day care facility, the following information must be on file:

**(c)** necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons; and

**The intent of this rule was not met:**

Based on record review, CCL found that the immunization record for child #1 was not updated. See enclosed copy of children's record review.

**The Plan of Correction was accepted on 3-15-17.**

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