



# 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:** Vernis Trochmann

**Type:** Renewal Inspection      **Date:** 06/08/2017      **Time:** 10:40 AM

**Director:** Vernis Trochmann

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

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

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**Time:** 10:40 AM # **children:** 4 # **under 2:** 3 # **caregivers:** 2  
**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
Not Observed	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
Not Observed	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**

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