



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Vickie L Cornish

Type: Key Indicator Survey **Date:** 11/15/2017 **Time:** 11:33 AM

Director: Vickie L Cornish

Contact: _____

Licensing Worker: Kate Hawley **Phone #:** (406) 329-1590

Time: 11:34 AM **# children:** 6 **# under 2:** 1 **# 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

Yes 7. Play Area

HEALTH ISSUES

Yes 14. Health Prevention

MEDICATION

Yes 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 20. Sleeping

WRITTEN RECORDS

Yes 28. Parent Information

No 29. Facility Records**37.95.141(1)****(1)** The facility shall keep a daily attendance record of the children for whom care is provided.**The intent of this rule was not met:**

Based on review of facility records, CCL found that the provider did not have an accurate daily attendance record.

This is a repeat deficiency from 3/23/16.

Yes 30. Child File Review

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements