



DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE DIVISION - LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

CHILD DAY CARE FACILITIES  
(includes infant regulations)  
SURVEY TOOL

INSPECTION INFORMATION

Facility: YWCA

Type: Follow-up Inspection

Date: 10/04/2012

Time: 01:15 PM

Director: YWCA / Sandy Mehus

Contact: Sandy

Licensing Worker: Cora Helm

Phone #: (406) 655-7632

Time: 01:15 PM # children: 47 # under 2: 11 # caregivers: 6

Time: \_\_\_\_\_ # children: \_\_\_\_\_ # under 2: \_\_\_\_\_ # caregivers: \_\_\_\_\_

Time: \_\_\_\_\_ # children: \_\_\_\_\_ # under 2: \_\_\_\_\_ # caregivers: \_\_\_\_\_

**Staff changes:**

**STAFF RATIOS**

Yes 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

**OUTDOOR TOUR**

Yes 6. Play Area

Yes 7. Swimming

**PROGRAM ISSUES**

Yes 8. Supervision

Yes 9. Provider Responsibilities

Yes 10. Activities

N/A 11. Night Care

**HEALTH ISSUES**

Yes 12. Illness Exclusion

Yes 13. Health Prevention

**MEDICATION**

Yes 14. Administration

Yes 15. Storage

**INFANTS/TODDLERS**

Yes 16. Diapering

Yes 17. Feeding

Yes 18. Bathing

Yes 19. Sleeping

Yes 20. Activities

Yes 21. Outdoor Activities

Yes 22. Special Requirements

**TRANSPORTATION**

N/A 23. Basic Requirements

N/A 24. Child Passenger Safety

**WRITTEN RECORDS**

|     |                            |
|-----|----------------------------|
| Yes | 25. Parent Information     |
| Yes | 26. Facility Records       |
| Yes | 27. Child File Review      |
| Yes | 28. Medication File        |
| Yes | 29. Caregiver File Review  |
| Yes | 30. First Aid Requirements |

**ADMINISTRATIVE RECORDS**

|     |                                  |
|-----|----------------------------------|
| Yes | 31. License-Certificate          |
| Yes | 32. Facility Requirements        |
| Yes | 33. Registration/License Process |