



# 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:** Yohana Weaver

**Type:** Renewal Inspection      **Date:** 03/03/2017      **Time:** 02:05 PM

**Director:** Yohana Karma Weaver

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

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

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**Time:** 02:05 PM **# children:** 3 **# under 2:** 3 **# caregivers:** 1  
**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

N/A 8. Swimming

**PROGRAM ISSUES**

Yes 9. Supervision

Yes 10. Provider Responsibilities

Not Observed 11. Activities

N/A 12. Night Care

**HEALTH ISSUES**

Yes 13. Illness Exclusion

Not Observed 14. Health Prevention

**MEDICATION**

N/A 15. Administration

N/A 16. Storage

**INFANTS/TODDLERS**

Yes 17. Diapering

Yes 18. Feeding

Yes 19. Bathing

Yes 20. Sleeping

Yes 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

N/A 27. Child Passenger Safety

**WRITTEN RECORDS**

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

N/A 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