



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Roberta Lemieux

Type: Renewal Inspection **Date:** 06/16/2017 **Time:** 08:55 PM

Director: Roberta Lemieux

Contact: _____

Licensing Worker: Sharla Jerrel **Phone #:** (406) 234-4581

Time: 08:55 AM # **children:** 4 # **under 2:** 1 # **caregivers:** 1

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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

N/A 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 20. Sleeping

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

No 30. Child File Review**37.95.139(1)****(1)** The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.**The intent of this rule was not met:**

Based on record review, CCL found that the parent of 2 children did not provide the name of the physician or health care facility. See enclosed copy of children's record review

The plan of correction was accepted on 06/19/2017.

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements