



# Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** Little Angel Day Care And Preschool

**Type:** Renewal Inspection      **Date:** 03/16/2017      **Time:** 10:05 AM

**Director:** Wendy Murphy

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

**Licensing Worker:** Anna Haire      **Phone #:** (406) 444-1954

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**Time:** 10:15 AM **# children:** 46 **# under 2:** 13 **# caregivers:** 10

**Time:**                      **# children:**            **# under 2:**            **# caregivers:**           

**Time:**                      **# children:**            **# under 2:**            **# caregivers:**

**STAFF RATIOS**

Yes	1. License
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**BUILDING/FIRE REQUIREMENTS**

Yes	2. Inside Facility
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Yes	3. Equipment
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Yes	4. Exiting
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Yes	5. Space
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**OUTDOOR TOUR**

Yes	6. Play Area
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Yes	7. Swimming
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**PROGRAM ISSUES**

Yes	8. Supervision
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Yes	9. Provider Responsibilities
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Yes	10. Activities
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Yes	11. Night Care
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**HEALTH ISSUES**

Yes	12. Illness Exclusion
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Yes	13. Health Prevention
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**MEDICATION**

Yes	14. Administration
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Yes	15. Storage
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**INFANTS/TODDLERS**

Yes	16. Diapering
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Yes	17. Feeding
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Yes	18. Bathing
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Yes	19. Sleeping
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Yes	20. Activities
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Yes	21. Outdoor Activities
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Not Observed	22. Special Requirements
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**TRANSPORTATION**

Yes	23. Basic Requirements
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Yes	24. Child Passenger Safety
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### WRITTEN RECORDS

Yes	25. Parent Information
Yes	26. Facility Records
No	<p>27. Child File Review</p> <p><b>37.95.128(1)(a-d)</b></p> <p>(1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of any child under age two at the day care facility. The health record form must be signed by:</p> <p>(a) A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or</p> <p>(b) A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or</p> <p>(c) A person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or</p> <p>(d) A naturopathic physician licensed under Title 37, chapter 26, MCA.</p> <p><b>The intent of this rule was not met:</b></p> <p>Based on record review, CCL found that child #1 under age two did not have a pediatric health statement. See enclosed copy of children's record review.</p> <p><b>The Plan of Correction was accepted on 4-27-17.</b></p>
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