



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: I Heart Preschool

Type: Renewal Inspection **Date:** 03/23/2017 **Time:** 03:33 PM

Director: Hattie Jo Mantei

Contact: _____

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

Time: 03:33 PM **# children:** 14 **# under 2:** 0 **# caregivers:** 2

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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N/A	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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N/A	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

N/A	14. Administration
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N/A	15. Storage
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INFANTS/TODDLERS

N/A	16. Diapering
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N/A	17. Feeding
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N/A	18. Bathing
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N/A	19. Sleeping
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N/A	20. Activities
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N/A	21. Outdoor Activities
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N/A	22. Special Requirements
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TRANSPORTATION

N/A	23. Basic Requirements
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N/A	24. Child Passenger Safety
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WRITTEN RECORDS

Not Observed	25. Parent Information
Yes	26. Facility Records
Yes	27. Child File Review
N/A	28. Medication File
Not Observed	29. Caregiver File Review
Yes	30. First Aid Requirements

ADMINISTRATIVE RECORDS

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