Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Janelle Marie Becker/ Lil Busy Bees*　　　　　　　**Provider ID**: *PV108054*

Address: *213 Dodge St, Plentywood, MT 59254*

Type: *Group Child Care*　　**Service Area**: *Harve*　　**Assigned Worker**: *Pamela West*

Director: *Janelle Marie Becker*　　**Phone**: *(406) 765-1434*　　**Email**: *.*

Contact: *.*　　**Phone**: *.*　　**Email**: *.*

Inspection

Type: *Complaint Investigation*　　**Date**: *04/15/2019*　　**Time In**: *1:00 PM*　**Time Out**: *1:20 PM*

Inspector: *Pam West*　　**Phone**: *406-262-9790*

Children/Caregiver Observations

Time	# children	# under 2	# caregivers
1:00 PM	*7*	*3*	*3*

Staff Ratios

1. License	*Yes*
2. Overlap	*Yes*

Building/Fire Requirements

3. Inside Facility	*Not Observed*
4. Fire Safety	*Not Observed*
5. Equipment	*Not Observed*
6. Exiting	*Not Observed*

Outdoor Tour

7. Play Area	*Not Observed*

Program Issues *(continued)*

8. Swimming	*Not Observed*

Program Issues

9. Supervision	*Yes*
10. Provider Responsibilities	*Not Observed*
11. Activities	*Not Observed*
12. Night Care	*N/A*

Health Issues

13. Illness Exclusion	*Not Observed*
14. Health Prevention	*Not Observed*

Medication

15. Administration	*Not Observed*
16. Storage	*Not Observed*

Infants/Toddlers

17. Diapering	*Not Observed*
18. Feeding	*Not Observed*
19. Bathing	*Not Observed*
20. Sleeping	*Not Observed*
21. Activities	*Not Observed*
22. Outdoor Activities	*Not Observed*

Nutrition/Food Issues

23. Sanitation	*Not Observed*
24. Meal Frequency	*Not Observed*
25. Special Diet	*Not Observed*

Transportation

26. Basic Requirements	*Not Observed*
27. Child Passenger Safety	*Not Observed*

Written Records

28. Parent Information	*Not Observed*
29. Facility Records	*Not Observed*
30. Child File Review	*Not Observed*
31. Medication File	*Not Observed*
32. Caregiver File Review	*Not Observed*
33. First Aid Requirements	*Not Observed*

Administrative Records

34. License-Certificate	*Yes*
35. Facility Requirements	*Yes*
36. Registration/License Process	*Yes*