



# 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:** Kara Letasky/ Lil Love Bugs

**Type:** Pre-Inspection      **Date:** 01/31/2017      **Time:** 10:00 AM

**Director:** Kara T Letasky

**Contact:** Kara

**Licensing Worker:** Cora Helm      **Phone #:** (406) 655-7632

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**Time:** 10:00 AM # **children:** 0 # **under 2:** 0 # **caregivers:** 1

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

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

**STAFF RATIOS**

Not Observed 1. License

Not Observed 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

Not Observed 8. Swimming

**PROGRAM ISSUES**

Yes 9. Supervision

Yes 10. Provider Responsibilities

Not Observed 11. Activities

Not Observed 12. Night Care

**HEALTH ISSUES**

Yes 13. Illness Exclusion

Yes 14. Health Prevention

**MEDICATION**

N/A 15. Administration

N/A 16. Storage

**INFANTS/TODDLERS**

Yes 17. Diapering

Not Observed 18. Feeding

Not Observed 19. Bathing

Yes 20. Sleeping

Not Observed 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**

Not Observed 26. Basic Requirements

Not Observed 27. Child Passenger Safety

**WRITTEN RECORDS**

Not Observed 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

**No** 31. Medication File

**37.95.181(4)(b)**

**(4)** If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:

**(b)** a written medication administration policy which includes at a minimum:

**(i)** types of medication which may be administered; and

**(ii)** medication administration which may be administered; and including the route of medication administration, the amount of medication given, and the times when medication is to be administered; and

**The intent of this rule was not met:**

Based on interview, CCL found that medication administration policy was not available.

**CCL accepted Plan of Correction 02/13/2017.**

Not Observed 32. Caregiver File Review

**No** 33. First Aid Requirements

**37.95.183(1)**

**(1)** Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:

**(a)** procedures for handling medical emergencies, including calling the Emergency Montana Poison Control Center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and

**(b)** directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.

**The intent of this rule was not met:**

Based on interview, CCL found that the provider did not have written policies for first aid consistent with recommendations from the American Red Cross that includes the following information : procedures for handling medical emergencies, including calling the Montana Poison Control Center and directions for calling parents or someone parents or someone else designated as responsible for the child when a child is sick or injured.

**CCL accepted Plan of Correction 02/13/2017.**

**ADMINISTRATIVE RECORDS**

Not Observed 34. License-Certificate

Not Observed 35. Facility Requirements

Not Observed 36. Registration/License Process