



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION - LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

CHILD DAY CARE FACILITIES
(includes infant regulations)
SURVEY TOOL

INSPECTION INFORMATION

Facility: Kid Kountry Child Dev. Center

Type: Renewal Inspection Date: 04/15/2009 Time: 01:22 PM

Director: Kaycee White

Contact: KC, Meghan

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

Time: 01:23 PM # children: 30 # infants: 0 # caregivers: 6
Time: _____ # children: _____ # infants: _____ # caregivers: _____
Time: _____ # children: _____ # infants: _____ # caregivers: _____

STAFF RATIOS

Yes 1. License

BUILDING/FIRE REQUIREMENTS

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

OUTDOOR TOUR

Yes 6. Play Area

Yes 7. Swimming

PROGRAM ISSUES

Yes 8. Supervision

Yes 9. Provider Responsibilities

Yes 10. Activities

N/A 11. Night Care

HEALTH ISSUES

Yes 12. Illness Exclusion

Yes 13. Health Prevention

MEDICATION

N/A 14. Administration

N/A 15. Storage

INFANTS

N/A 16. Diapering

N/A 17. Feeding

N/A 18. Bathing

N/A 19. Sleeping

N/A 20. Activities

N/A 21. Outdoor Activities

N/A 22. Special Requirements

TRANSPORTATION

Yes 23. Basic Requirements

Yes 24. Child Passenger Safety

WRITTEN RECORDS

| | |
|-----|----------------------------|
| Yes | 25. Parent Information |
| Yes | 26. Facility Records |
| Yes | 27. Child File Review |
| N/A | 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 |