



Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Lexie Lee Letang / Kristin Chapman

Type: Initial-New Inspection **Date:** 02/13/2017 **Time:** 01:10 PM

Director: Lexie Lee Letang

Contact: _____

Licensing Worker: Jodi Linne **Phone #:** (406) 453-0526

Time: 01:10 PM # **children:** 4 # **under 2:** 1 # **caregivers:** 2
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes	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
Yes	11. Activities
Not Observed	12. Night Care

HEALTH ISSUES

Yes	13. Illness Exclusion
Yes	14. Health Prevention

MEDICATION

Yes	15. Administration
Yes	16. Storage

INFANTS/TODDLERS

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

NUTRITION/FOOD ISSUES

Yes	23. Sanitation
Yes	24. Meal Frequency

NUTRITION/FOOD ISSUES

Yes 25. Special Diet

TRANSPORTATION

Yes 26. Basic Requirements

Not Observed 27. Child Passenger Safety

WRITTEN RECORDS

Yes 28. Parent Information

Yes 29. Facility Records

Yes 30. Child File Review

Yes 31. Medication File

Yes 32. Caregiver File Review

Yes 33. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes 34. License-Certificate

Yes 35. Facility Requirements

Yes 36. Registration/License Process