



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Li'l Explorers-Helena

Type: Routine Inspection **Date:** 04/09/2015 **Time:** 12:00 PM

Director: Kent Kelley / Larissa Moe

Contact: _____

Licensing Worker: Anna Haire **Phone #:** (406) 444-1954

Time: 12:00 PM # **children:** 43 # **under 2:** 11 # **caregivers:** 13
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **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

Not Observed 12. Illness Exclusion

Not Observed 13. Health Prevention

MEDICATION

Not Observed 14. Administration

Not Observed 15. Storage

INFANTS/TODDLERS

Not Observed 16. Diapering

Not Observed 17. Feeding

Not Observed 18. Bathing

Yes 19. Sleeping

Yes 20. Activities

Not Observed 21. Outdoor Activities

Not Observed 22. Special Requirements

TRANSPORTATION

Not Observed 23. Basic Requirements

Not Observed 24. Child Passenger Safety

WRITTEN RECORDS

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

ADMINISTRATIVE RECORDS

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