



# Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** Little Loved Ones LLC

**Type:** Renewal Inspection      **Date:** 04/20/2017      **Time:** 11:00 AM

**Director:** Lori J Clyde

**Contact:** \_\_\_\_\_

**Licensing Worker:** Kirsten Geiger      **Phone #:** (406) 522-2271

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**Time:** 11:10 AM # **children:** 18 # **under 2:** 8 # **caregivers:** 6  
**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

N/A 7. Swimming

**PROGRAM ISSUES**

Yes 8. Supervision

Yes 9. Provider Responsibilities

Not Observed 10. Activities

N/A 11. Night Care

**HEALTH ISSUES**

Yes 12. Illness Exclusion

Yes 13. Health Prevention

**MEDICATION**

Yes 14. Administration

Yes 15. Storage

**INFANTS/TODDLERS**

Yes 16. Diapering

Not Observed 17. Feeding

N/A 18. Bathing

Yes 19. Sleeping

Not Observed 20. Activities

Not Observed 21. Outdoor Activities

Not Observed 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
Yes	28. Medication File
Not Observed	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

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