



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: Little Seeds

Type: Follow-up Inspection

Date: 10/28/2009

Time: 10:30 AM

Director: Little Seeds

Contact: _____

Licensing Worker: Tana Johnson

Phone #: (406) 655-7633

Time: 10:30 AM # children: 30 # infants: 19 # caregivers: 13

Time: _____ # children: _____ # infants: _____ # caregivers: _____

Time: _____ # children: _____ # infants: _____ # caregivers: _____

STAFF RATIOS

N/A 1. License

BUILDING/FIRE REQUIREMENTS

N/A 2. Inside Facility

N/A 3. Equipment

N/A 4. Exiting

N/A 5. Space

OUTDOOR TOUR

N/A 6. Play Area

N/A 7. Swimming

PROGRAM ISSUES

N/A 8. Supervision

N/A 9. Provider Responsibilities

N/A 10. Activities

N/A 11. Night Care

HEALTH ISSUES

N/A 12. Illness Exclusion

N/A 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

N/A 23. Basic Requirements

N/A 24. Child Passenger Safety

WRITTEN RECORDS

Yes	25. Parent Information
N/A	26. Facility Records
Yes	27. Child File Review
N/A	28. Medication File
N/A	29. Caregiver File Review
N/A	30. First Aid Requirements

ADMINISTRATIVE RECORDS

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