



Department of Public Health and Human Services

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

INSPECTION INFORMATION

Facility: Loraine Meyer / Little Blessings

Type: Renewal Inspection **Date:** 03/30/2017 **Time:** 10:25 AM

Director: Loraine Meyer

Contact: _____

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

Time: 10:25 AM # **children:** 5 # **under 2:** 2 # **caregivers:** 1

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

No	<p>7. Play Area</p> <p>37.95.121(6)(a) (a) Outdoor play areas shall be designed so that all parts are always visible and easily supervised by staff . The intent of this rule was not met:</p> <p>Based on observation, CCL found that the outdoor area was not designed so that all parts are visible and easily supervised by staff. There are areas around the sides of the outdoor storage shed that are not always visible to caregivers.</p> <p>Plan of Correction accepted 4/14/17.</p>
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

INFANTS/TODDLERS

Yes 21. Activities

Yes 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes 23. Sanitation

Yes 24. Meal Frequency

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

No 30. Child File Review

37.95.141(6)

(6) The information supplied in (5)(a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.

The intent of this rule was not met:

Based on record review, CCL found that 1 child had an Emergency Contact form that was not signed by the parent or guardian. See enclosed record for specific child.

Plan of Correction accepted 4/14/17.

Yes 31. Medication File

Yes 32. Caregiver File Review

No 33. First Aid Requirements

37.95.183(1)

(1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:

(a) procedures for handling medical emergencies, including calling the Emergency Montana Poison Control Center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and

(b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.

The intent of this rule was not met:

Based on review of facility records, CCL found that the provider did have written policies for first aid consistent with recommendations from the American Red Cross; however, it did not include calling the Montana Poison Control Center.

Plan of Correction accepted 4/14/17.

ADMINISTRATIVE RECORDS

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Yes	34. License-Certificate
Yes	35. Facility Requirements
Yes	36. Registration/License Process