



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Montana Kids

Type: Renewal Inspection **Date:** 02/16/2017 **Time:** 09:10 AM

Director: Leslie Dove

Contact: _____

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

Time: 09:20 AM **# children:** 33 **# under 2:** 13 **# caregivers:** 10

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

Yes 17. Feeding

N/A 18. Bathing

Yes 19. Sleeping

Not Observed 20. Activities

Not Observed 21. Outdoor Activities

Yes 22. Special Requirements

TRANSPORTATION

N/A 23. Basic Requirements

N/A 24. Child Passenger Safety

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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