



SURVEY TOOL

Facility

| | | |
|---|---|---|
| Name: <i>Nicole Marie Pepe / Little Skies</i> | | Provider ID: <i>PV108248</i> |
| Address: <i>782 33rd A Ave NE, Great Falls, MT 59404</i> | | |
| Type: <i>Family Child Care</i> | Service Area: <i>Great Falls</i> | Assigned Worker: <i>Jodi Linne</i> |
| Director: <i>Nicole Marie Pepe</i> | Phone: <i>(406) 315-1386</i> | Email: . |
| Contact: . | Phone: . | Email: . |

Inspection

| | | |
|-------------------------------------|-----------------------------------|--|
| Type: <i>KIS</i> | Date: <i>01/09/2020</i> | Time In: <i>11:00 AM</i> Time Out: <i>10:45 AM</i> |
| Inspector: <i>Jodi Linne</i> | Phone: <i>406-453-0526</i> | |

Children/Caregiver Observations

| | | | |
|------------------------------|-----------------------------|----------------------------|-------------------------------|
| Time: <i>11:00 AM</i> | # children: <i>3</i> | # under 2: <i>2</i> | # caregivers: <i>1</i> |
| Time: | # children: | # under 2: | # caregivers: |
| Time: | # children: | # under 2: | # caregivers: |

Staff Ratios

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|-------------------|---------------------|
| 1. License | <i>Yes</i> |
| 2. Overlap | <i>Not Observed</i> |

Building/Fire Requirements

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|---------------------------|------------|
| 3. Inside Facility | <i>Yes</i> |
| 4. Fire Safety | <i>Yes</i> |
| 5. Equipment | <i>Yes</i> |
| 6. Exiting | <i>Yes</i> |

Outdoor Tour

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|---------------------|------------|
| 7. Play Area | <i>Yes</i> |
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Health Issues

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|-----------------------|-----|
| 14. Health Prevention | Yes |
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Medication

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|-------------|-----|
| 16. Storage | Yes |
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Infants/Toddlers

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|---------------|-----|
| 17. Diapering | Yes |
|---------------|-----|

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| 20. Sleeping | Yes |
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Written Records

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|------------------------|-----|
| 28. Parent Information | Yes |
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| 29. Facility Records | Yes |
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| 30. Child File Review | Yes |
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|---------------------------|-----|
| 32. Caregiver File Review | Yes |
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| 33. First Aid Requirements | Yes |
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