



Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Stephine LaCoss / Lil Logger Child Care*

Provider ID: *PV102151*

Address: *84 Quartz Rd, Libby, MT 59923*

Type: *Group Child Care*

Service Area: *Kalispell*

Assigned Worker: *Diana Lamers*

Director: *Stephine Lacoss*

Phone: *(406) 291-2176*

Email:
stephtothehizzo2004@yahoo.com

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *Renewal Inspection*

Date: *09/11/2018*

Time In: *2:30 PM* Time Out: *3:45 PM*

Inspector: *Diana Lamers*

Phone: *406-300-7392*

Children/Caregiver Observations

Time: *2:30 PM*

children: *8*

under 2: *1*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Deena and Vicky

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements (continued)

| | |
|--------------|-----|
| 5. Equipment | Yes |
| 6. Exiting | Yes |

Outdoor Tour

| | |
|--------------|-----|
| 7. Play Area | Yes |
| 8. Swimming | N/A |

Program Issues

| | |
|-------------------------------|-----|
| 9. Supervision | Yes |
| 10. Provider Responsibilities | Yes |
| 11. Activities | Yes |
| 12. Night Care | N/A |

Health Issues

| | |
|-----------------------|-----|
| 13. Illness Exclusion | Yes |
| 14. Health Prevention | Yes |

Medication

| | |
|--------------------|-----|
| 15. Administration | Yes |
| 16. Storage | Yes |

Infants/Toddlers

| | |
|------------------------|-----|
| 17. Diapering | Yes |
| 18. Feeding | Yes |
| 19. Bathing | Yes |
| 20. Sleeping | Yes |
| 21. Activities | Yes |
| 22. Outdoor Activities | Yes |

Nutrition/Food Issues

| | |
|--------------------|---------------------|
| 23. Sanitation | <i>Not Observed</i> |
| 24. Meal Frequency | Yes |
| 25. Special Diet | <i>Not Observed</i> |

Transportation

| | |
|----------------------------|-----|
| 26. Basic Requirements | Yes |
| 27. Child Passenger Safety | Yes |

Written Records

| | |
|----------------------------|-----|
| 28. Parent Information | Yes |
| 29. Facility Records | Yes |
| 30. Child File Review | Yes |
| 31. Medication File | Yes |
| 32. Caregiver File Review | Yes |
| 33. First Aid Requirements | Yes |

Administrative Records

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