



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Childrens House Montessori

Type: Key Indicator Survey **Date:** 09/26/2017 **Time:** 10:20 AM

Director: Jennifer Bush

Contact: _____

Licensing Worker: Fern Sutherland **Phone #:** (406) 751-5932

Time: 10:20 AM **# children:** 42 **# under 2:** 0 **# caregivers:** 7

Time: **# children:** **# under 2:** **# caregivers:**

Time: **# children:** **# under 2:** **# caregivers:**

STAFF RATIOS

Yes	1. License
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BUILDING/FIRE REQUIREMENTS

Yes	2. Inside Facility
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Yes	3. Equipment
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OUTDOOR TOUR

Yes	6. Play Area
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INFANTS/TODDLERS

Yes	19. Sleeping
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WRITTEN RECORDS

Yes	25. Parent Information
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Yes	26. Facility Records
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Yes	27. Child File Review
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Yes	29. Caregiver File Review
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