



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Big Sky Country Preschool & Infant Care

Type: Key Indicator Survey **Date:** 06/20/2018 **Time:** 10:30 AM

Director: Annie Ballesteros

Contact: _____

Licensing Worker: Diana Lamers **Phone #:** (406) 751-5962

Time: 10:30 AM **# children:** 29 **# under 2:** 4 **# caregivers:** 9

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

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

STAFF RATIOS

| | |
|-----|------------|
| Yes | 1. License |
|-----|------------|

BUILDING/FIRE REQUIREMENTS

| | |
|-----|--------------------|
| Yes | 2. Inside Facility |
|-----|--------------------|

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|-----|--------------|
| Yes | 3. Equipment |
|-----|--------------|

OUTDOOR TOUR

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|-----|--------------|
| Yes | 6. Play Area |
|-----|--------------|

INFANTS/TODDLERS

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|-----|--------------|
| Yes | 19. Sleeping |
|-----|--------------|

WRITTEN RECORDS

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|-----|------------------------|
| 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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