



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Correy Harrison / Mayfly Montessori* **Provider ID:** *PV106893*
Address: *604 W Kent Ave, Missoula, MT 59801*
Type: *Group Child Care* **Service Area:** *Missoula* **Assigned Worker:** *Diana Lamers*
Director: *Correy Mary Harrison* **Phone:** *(406) 531-9084* **Email:** *dlamers@mt.gov*
Contact: *NA* **Phone:** *NA* **Email:** *NA*

Inspection

Type: *KIS* **Date:** *03/14/2019* **Time In:** *10:30 AM* **Time Out:** *11:30 PM*
Inspector: *Diana Lamers* **Phone:** *406-300-7392*

Children/Caregiver Observations

Time: <i>10:30 AM</i>	# children: <i>10</i>	# under 2: <i>1</i>	# caregivers: <i>3</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License Yes

Building/Fire Requirements

2. Inside Facility Yes

3. Equipment Yes

Outdoor Tour

6. Play Area Yes

Infants/Toddlers

19. Sleeping Yes

Written Records

25. Parent Information Yes

Written Records (*continued*)

26. Facility Records	Yes
27. Child File Review	Yes
29. Caregiver File Review	Yes