



Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Correy Harrison / Mayfly Montessori

Type: Key Indicator Survey **Date:** 04/27/2018 **Time:** 12:08 PM

Director: Correy Mary Harrison

Contact: _____

Licensing Worker: Kate Hawley **Phone #:** (406) 329-1590

Time: 12:08 PM # **children:** 10 # **under 2:** 0 # **caregivers:** 2
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes	1. License
N/A	2. Overlap

BUILDING/FIRE REQUIREMENTS

Yes	3. Inside Facility
Yes	4. Fire Safety
Yes	5. Equipment
Yes	6. Exiting

OUTDOOR TOUR

Yes	7. Play Area
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HEALTH ISSUES

Yes	14. Health Prevention
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MEDICATION

N/A	16. Storage
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INFANTS/TODDLERS

Not Observed	17. Diapering
Not Observed	20. Sleeping

WRITTEN RECORDS

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