



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Florence Crittenton Home

Type: Key Indicator Survey **Date:** 08/11/2017 **Time:** 08:45 AM

Director: Denise Wells

Contact: _____

Licensing Worker: Anna Haire **Phone #:** (406) 444-1954

Time: 08:45 AM # **children:** 0 # **under 2:** 2 # **caregivers:** 2
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes 1. License

BUILDING/FIRE REQUIREMENTS

Yes 2. Inside Facility

Yes 3. Equipment

OUTDOOR TOUR

Yes 6. Play Area

INFANTS/TODDLERS

Yes 19. Sleeping

WRITTEN RECORDS

Yes 25. Parent Information

Yes 26. Facility Records

Yes 27. Child File Review

Yes 29. Caregiver File Review