



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Hearts and Hands Montessori, Inc.

Type: Key Indicator Survey **Date:** 05/08/2018 **Time:** 12:00 PM

Director: Annette Crosiar

Contact: _____

Licensing Worker: Kirsten Geiger **Phone #:** (406) 522-2271

Time: 12:34 PM # **children:** 23 # **under 2:** 11 # **caregivers:** 9

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