



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Honeybear Daycare Center

Type: Key Indicator Survey **Date:** 09/13/2017 **Time:** 10:15 AM

Director: Marsha Parson

Contact: _____

Licensing Worker: Fern Sutherland **Phone #:** (406) 751-5932

Time:	<u>10:15 AM</u>	# children:	<u>19</u>	# under 2:	<u>0</u>	# caregivers:	<u>3</u>
Time:	<u>10:30 AM</u>	# children:	<u>19</u>	# under 2:	<u>0</u>	# caregivers:	<u>4</u>
Time:	<u></u>	# children:	<u></u>	# under 2:	<u></u>	# caregivers:	<u></u>

STAFF RATIOS

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

BUILDING/FIRE REQUIREMENTS

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

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

OUTDOOR TOUR

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

INFANTS/TODDLERS

N/A	19. Sleeping
-----	--------------

WRITTEN RECORDS

Yes	25. Parent Information
-----	------------------------

Yes	26. Facility Records
-----	----------------------

Yes	27. Child File Review
-----	-----------------------

Yes	29. Caregiver File Review
-----	---------------------------