



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Montana Kids

Type: Key Indicator Survey **Date:** 01/18/2018 **Time:** 10:15 AM

Director: Leslie Dove

Contact: _____

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

Time: 10:25 AM **# children:** 36 **# under 2:** 11 **# caregivers:** 11

Time: **# children:** **# under 2:** **# caregivers:**

Time: **# children:** **# under 2:** **# caregivers:**

STAFF RATIOS

Yes	1. License
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BUILDING/FIRE REQUIREMENTS

Yes	2. Inside Facility
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Yes	3. Equipment
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OUTDOOR TOUR

Yes	6. Play Area
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INFANTS/TODDLERS

Yes	19. Sleeping
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WRITTEN RECORDS

Yes	25. Parent Information
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Yes	26. Facility Records
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Yes	27. Child File Review
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Yes	29. Caregiver File Review
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