



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Montana Kids Too

Type: Key Indicator Survey **Date:** 01/18/2018 **Time:** 11:00 AM

Director: Leslie Dove

Contact: _____

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

Time: 11:05 AM # **children:** 20 # **under 2:** 0 # **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

N/A | 19. Sleeping

WRITTEN RECORDS

Yes | 25. Parent Information

Yes | 26. Facility Records

Yes | 27. Child File Review

Yes | 29. Caregiver File Review