



SURVEY TOOL

Facility

Name: *Peggy Heyen* Provider ID: *PV75401*
Address: *710 W Thrush Ln, Glendive, MT 59330*
Type: *Group Child Care* Service Area: *Miles City* Assigned Worker: *Sharla Jerrel*
Director: *Peggy Heyen* Phone: *(406) 377-2527* Email: *fast@middrivers.com*
Contact: . Phone: . Email: .

Inspection

Type: *KIS* Date: *08/01/2018* Time In: *11:49 AM* Time Out: *12:25 AM*
Inspector: *Sharla Jerrel* Phone: *406-234-4581*

Children/Caregiver Observations

Time: <i>11:50 AM</i>	# children: <i>12</i>	# under 2: <i>2</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Caregivers

Peggy, Del

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License	Yes
2. Overlap	Yes

Building/Fire Requirements

3. Inside Facility	Yes
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Building/Fire Requirements *(continued)*

4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes