



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Scottie Day Care

Type: Key Indicator Survey **Date:** 09/15/2017 **Time:** 08:30 AM

Director: Tamera Lewis

Contact: _____

Licensing Worker: Pam West **Phone #:** (406) 262-9790

Time: 08:30 AM # **children:** 9 # **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