

## Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION						
Facility: Kids Korner Inc						
Type: Renewal Inspection	Date: 01/18/2017	Time: 10:15 AM				
Director: Wanda Chilton		<u> </u>				
Contact:		<u></u>				
Licensing Worker: Pam West		Phone #: (406) 262-9790				

Time:	10:15 AM	# children:	10	# under 2:	4	_ # caregivers:	4	
Time:	11:00 AM	# children:	11	# under 2:	4	_# caregivers:	4	
Time:		# children:		# under 2:		# caregivers:		

Facility: Kids Korner Inc Date: 01/18/2017 **STAFF RATIOS** Yes 1. License **BUILDING/FIRE REQUIREMENTS** Yes 2. Inside Facility Yes 3. Equipment N/A 4. Exiting N/A 5. Space **OUTDOOR TOUR** 6. Play Area Yes Not Observed 7. Swimming **PROGRAM ISSUES** Yes 8. Supervision Yes 9. Provider Responsibilities Yes 10. Activities N/A 11. Night Care **HEALTH ISSUES** Yes 12. Illness Exclusion Yes 13. Health Prevention **MEDICATION** Yes 14. Administration Yes 15. Storage INFANTS/TODDLERS Yes 16. Diapering Yes 17. Feeding Not Observed 18. Bathing 19. Sleeping Yes Yes 20. Activities Yes 21. Outdoor Activities Yes 22. Special Requirements **TRANSPORTATION** N/A 23. Basic Requirements N/A 24. Child Passenger Safety

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Facility: Kids Korner Inc Date: 01/18/2017

	WRITTEN RECORDS				
Not Observed	25. Parent Information				
Yes	26. Facility Records				
Yes	27. Child File Review				
Not Observed	28. Medication File				
Yes	29. Caregiver File Review				
Yes	30. First Aid Requirements				
	ADMINISTRATIVE RECORDS				
Yes	31. License-Certificate				
Yes	32. Facility Requirements				
Yes	33. Registration/License Process				

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